Fill in this information to identify your case	se:	
United States Bankruptcy Court for the:		
Western District of Texa	s	
Case number (If known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

-1				
Par	t 1: Identify Yourself			
1.	Your full name	About Debtor 1:  Jose	About Debtor 2 (Spouse Only in a Joint Case): Shea	
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	First name Paolo Middle name Soriano Last name Suffix (Sr., Jr, II, III)	First name  Brianne  Middle name  Soriano  Last name  Suffix (Sr., Jr, II, III)	
2.	All other names you have used in the last 8 years  Include your married or maiden names and any assumed, trade names and doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Paolo First name  Middle name Soriano Last name  Business name (if applicable)  Business name (if applicable)	Shea First name Brianne Middle name Craig Last name  Business name (if applicable)  Business name (if applicable)	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - <u>3</u> <u>3</u> <u>7</u> <u>2</u> OR 9xx - xx	xxx - xx - <u>3</u> <u>6</u> <u>7</u> <u>0</u> OR 9xx - xx - <u></u>	

Debtor 1 Debtor 2		Jose Shea	Paolo Soriano Brianne Soriano		Case number (if known)				
		First Name	Middle Name	Last Name					_
			About Del	otor 1:		About De	btor 2 (Spouse Only	in a Joint	Case):
4.	Your Empl Number (E	oyer Identification IN), if any.	 EIN			EIN —	- — — —		_
			EIN -	· — — — —		EIN			_
5.	Where you	live				If Debtor	2 lives at a different a	address:	
			5905 Lei	isure Run Rd					
			Number	Street		Number	Street		
				TX 78745-3924					
			City	Sta	ite ZIP Code	City		State	ZIP Code
			<b>Travis</b>						
			County			County			
			fill it in he	iling address is different re. Note that the court will mailing address.		it in here.	2's mailing address is Note that the court w illing address.		
			Number	Street		Number	Street		
			P.O. Box			P.O. Box			
			City	Sta	ate ZIP Code	City		State	ZIP Code
6.	Why you a	re choosing <i>thi</i> s	Check one	e:		Check on	e:		
	district to f	ile for bankruptcy	Over to have I district	he last 180 days before fil ived in this district longer t t.	ing this petition, I han in any other	Over have district	the last 180 days befolived in this district loret.	ore filing th	nis petition, I n any other
				another reason. Explain. 28 U.S.C. § 1408)		I have (See	e another reason. Exp 28 U.S.C. § 1408)	olain.	
						_			

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Debtor 1 Debtor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case	number (if known)
	First Name	Middle Name	Last Name		
Part 2: Tel	I the Court About Yo	ur Bankruptcy C	ase		
	pter of the Bankruptcy ou are choosing to file			see <i>Notice Required by 11 U.</i> 3 of page 1 and check the app	S.C. § 342(b) for Individuals Filing for ropriate box.
8. How yo	u will pay the fee	details about he check, or mon a credit card of to Pay The Fil.  I request that judge may, bu official poverty choose this op	now you may pay. Typically ey order. If your attorney is to check with a pre-printed the fee in installments. If ying Fee in Installments (Or my fee be waived (You mat is not required to, waive to line that applies to your fat	y, if you are paying the fee you is submitting your payment on address.  you choose this option, sign a ficial Form 103A).  ay request this option only if your fee, and may do so only is amily size and you are unable	clerk's office in your local court for more urself, you may pay with cash, cashier's your behalf, your attorney may pay with and attach the <i>Application for Individuals</i> ou are filing for Chapter 7. By law, a if your income is less than 150% of the to pay the fee in installments). If you er 7 Filing Fee Waived (Official Form
	ou filed for bankruptcy ne last 8 years?	✓No.  ☐Yes. District  District		WhenWhenWhen	YY Case number
		District _		MM / DD / YYWhenMM / DD / YY	Case number
pending spouse case wit	bankruptcy cases or being filed by a who is not filing this th you, or by a s partner, or by an	✓ No.  ☐ Yes. Debtor  District		When	Relationship to youCase number, if known
annate	•	Debtor District		MM / DD / YYYY  When MM / DD / YYYY	Relationship to you Case number, if known
11. Do you	rent your residence?	☐ No.	r landlord obtained an evid Go to line 12.		gainst You (Form 101A) and file it

Deb Deb	tor 1 tor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known)
		First Name	Middle Name	Last Name	
Par	t 3: Report	About Any Busin	esses You	Own as a Sole Proprietor	
12.	any full- or pusiness?  A sole propri business you individual, ar legal entity s corporation,  If you have n	etorship is a u operate as an nd is not a separate uch as a partnership, or LLC. nore than one sole p, use a separate	Name of Number  City  Check  He  Sir  Co	ame and location of business f business, if any	11 U.S.C. § 101(27A)) in 11 U.S.C. § 101(51B)) § 101(53A))
13.	11 of the Ba and are you debtor?	ng under Chapter nkruptcy Code, a small business on of small business 11 U.S.C. §	appropriate sheet, state	e deadlines. If you indicate that you ement of operations, cash-flow state the procedure in 11 U.S.C. § 1110  I am not filing under Chapter 11.  I am filing under Chapter 11, but Bankruptcy Code.  I am filing under Chapter 11, I an	aust know whether you are a small business debtor so that it can set are a small business debtor, you must attach your most recent balance ement, and federal income tax return or if any of these documents do not S(1)(B).  I am NOT a small business debtor according to the definition in the a small business debtor according to the definition in the noose to proceed under Subchapter V of Chapter 11.
			☐ Yes.		n a small business debtor according to the definition in the o proceed under Subchapter V of Chapter 11.

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Debtor 1 Debtor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known)
	First Name	Middle Name	Last Name	
Part 4: Rep	oort if You Own or Ha	ave Any Hazard	ous Property or Any	Property That Needs Immediate Attention
14. Do you	own or have any	☑ No.		
	y that poses or is to pose a threat of	☐ Yes. What	is the hazard?	
imminent and identifiabl hazard to public health o safety? Or do you own a				
attentio			ediate attention is neede	d, why is it needed?
	mple, do you own ble goods, or livestock			
that mus	st be fed, or a building ds urgent repairs?			
		Where	e is the property?  Numb	per Street
			City	State ZIP Code

Debtor 1	Jose	Paolo	Soriano	Case number (if known)
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required to receive a briefing about credit	
	counseling because of:	
	_	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

#### I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

reasonably tried to do so.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debt Debt		Jose Shea	Paolo Briann	Soriano e Soriano		Case r	number	(if known)
		First Name	Middle N	ame Last Name				,
Part	6: Answer	These Question	ns for Re	eporting Purposes				
16.	What kind of have?	f debts do you	16a.			ner debts? Consumer debts are d of for a personal, family, or househo		
			16b.			ss debts? Business debts are debtrough the operation of the busines		
			16c.	State the type of debts you or	we th	nat are not consumer debts or bus	siness o	lebts.
17.	Are you filin	g under Chapter 7°		No. I am not filing under Ch	apte	7. Go to line 18.		
	exempt prop and adminis paid that fun	nate that after any erty is excluded trative expenses a ds will be available on to unsecured				Do you estimate that after any exepaid that funds will be available t		
18.	How many c estimate that	reditors do you t you owe?		1-49	0	☐ 25,001-50,000 ☐ 50,00	0-100,0	000
19.	How much d	o you estimate yo worth?	ur 🔲	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much d	lo you estimate yo be?	ur 🔲	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part	7: Sign Be	elow						
For	you	If I have States If no att have of I reque I under	e chosen code. I ur torney repotained ar st relief in stand maleptcy case	to file under Chapter 7, I am a nderstand the relief available understand the notice required by accordance with the chapter a false statement, conceans	ware under or ag 11 U of titl	each chapter, and I choose to prove to pay someone who is not an .S.C. § 342(b).  e 11, United States Code, specific property, or obtaining money or proventy.	der Cha oceed on attorn ed in thi	apter 7, 11,12, or 13 of title 11, United under Chapter 7. ey to help me fill out this document, I s petition.
		X		Paolo Soriano		/s/ Shea Briang Sari		
				o Soriano, Debtor 1 on <b>12/20/2024</b>		Shea Brianne Sori Executed on <b>12/2</b>		
		-	-Accuracy	MM/ DD/ YYYY			/ DD/	

Debtor 1 Debtor 2	Jose Shea	Paolo Soriano Brianne Soriano		0		
	First Name	Middle Name	Last Name	Case number (if known)		
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.		proceed under each chapter f 11 U.S.C. § 34	Chapter 7, 11, 12, or 13 or which the person is eligited: (2(b) and, in a case in which	this petition, declare that I have informed the debtor(s) about eligibility to f title 11, United States Code, and have explained the relief available under ble. I also certify that I have delivered to the debtor(s) the notice required by h § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry with the petition is incorrect.		
		X /s/ Kanr	non Moore	Date <b>12/20/2024</b>		
			of Attorney for Debtor	MM/ DD/ YYYY		
		Firm name	Moore Law			
		Austin		TX 78735		
		City		State ZIP Code		
		Contact ph	none <u>(512) 379-8080</u>	Email address kannon@kannonmoorelaw.com		
		2411012	8	TX		
		Bar numbe	er	State		

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Fill in this	information to identify y	our case and this	filing:			
Debtor 1	Jose	Paolo	Soriano			
20010. 1	First Name	Middle Name	Last Name			
Debtor 2	Shea	Brianne	Soriano			
(Spouse, if	filing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for t	he: <b>Wes</b> t	tern District of	Texas		
Case num					-	Check if this is an
- Case						amended filing
Official	Form 106A/B					
		oportu				
Sche	dule A/B: Pr	oper ty				12/15
Part 1:	pages, write your nan  Describe Each				You Own or Have an	Interest In
1. <b>Do</b> y	ou own or have any lega	l or equitable intere	est in any residence, buil	ding, land, or simi	ar property?	
<b>1</b>	No. Go to Part 2.					
<b>1</b>	Yes. Where is the property?	?				
		What	is the property? Check al	I that apply.	Do not deduct secured cl	aims or exemptions. Put
1.1	Homestead	<del></del> 5,	ingle-family home uplex or multi-unit building	1	the amount of any secure Creditors Who Have Clair	
	Street address, if availab description	ile, or other _ C	ondominium or cooperativ	е	Current value of the	Current value of the
	5905 Leisure Run Ro	. =	lanufactured or mobile hor and	ne	entire property?	portion you own?
	Austin, TX 78745-39		vestment property imeshare		\$544,523.00	\$544,523.00
	City State	ZIP Code C			Describe the nature of you	
	Travis	Who	has an interest in the pro	operty? Check one.	a life estate), if known.	moy by the character, c.
	County		ebtor 1 only ebtor 2 only		Fee Simple	
		<b>₫</b> □	ebtor 1 and Debtor 2 only		✓ Check if this is comm (see instructions)	nunity property
		☐ A	t least one of the debtors a	and another	(See Instructions)	
			r information you wish to erty identification numbe		m, such as local	
			ce of Value: CAD			
	the dollar value of the po have attached for Part 1.					\$544,523.00
Part 2:	Describe Your \	Vehicles				
	•	•	•		d or not? Include any vehicle acts and Unexpired Leases.	S

Official Form 106A/B Schedule A/B: Property page 1

3.

☐ No **√** Yes

Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

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3.1	Make:  Model:  Silv	Chevrolet erado 1500	Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
	Year: Approximate mileage: Other information:	<u>2024</u> <u>15000.00</u>	<ul> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> <li>☑ Check if this is community property (see instructions)</li> </ul>	Current value of the entire property? \$50,451.00	Current value of the portion you own? \$50,451.00	
lf yo	Source of Value: M VIN: 3GCPAEE85R u own or have more than	G198400	here:			
3.2	Make:	BMW x5	Who has an interest in the property? Check one.  ✓ Debtor 1 only  Debtor 2 only	Do not deduct secured claim the amount of any secure Creditors Who Have Claim	ed claims on Schedule D:	
	Year:	2022	<ul><li>☐ Debtor 1 and Debtor 2 only</li><li>☐ At least one of the debtors and another</li></ul>	Current value of the entire property?	Current value of the portion you own?	
	Approximate mileage: Other information:	20000.00	★ Check if this is community property (see instructions)	\$43,839.00	\$43,839.00	
	mples: Boats, trailers, mo	•	nd other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle ac			
4.1	Make: Model: Year:		Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property?	ed claims on Schedule D:	
	Other information:		☐ Check if this is community property (see instructions)			
	-	-	vn for all of your entries from Part 2, including any umber here		\$94,290.00	
Part 3:	Describe Your	Personal a	and Household Items			
•	vn or have any legal or e any of the following ite		urrent value of the portion you own? o not deduct secured claims or exemptions.			

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Debtor Soriano, Jose Paolo; Soriano, Shea Brianne

Case	number	(if known)	
Case	HUHHDEL	(II KIIOVVIII	

6.	Household goods and furn	nishings			
	Examples: Major appliance	es, furniture, linens, china, kitchenware			
	□ No				
	Yes. Describe	Dining set, kitchen essentials, dresser, night stand, bed room sets, living room furniture and decor	\$4,000.00		
7.	Electronics				
	•	radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music stronic devices including cell phones, cameras, media players, games			
	☐ No				
	Yes. Describe	Phones (2), Tvs (2), Ipads (2), Speakers, headphones, computer and other small electronics	\$2,200.00		
8.	Collectibles of value				
		gurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or ollections; other collections, memorabilia, collectibles			
	<b>₫</b> No				
	Yes. Describe				
9.	Equipment for sports and	hobbies			
J.	Examples: Sports, photogr	aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and try tools; musical instruments			
	<b>√</b> No				
	Yes. Describe				
10.	Firearms				
10.		notguns, ammunition, and related equipment			
	☐ No				
	√ Yes. Describe	Handgun and assault rifle	\$600.00		
11.	Clothes				
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories				
	□ No		•		
	✓ Yes. Describe	Shirts, dresses, pants, shorts, shoes, hats and other accessories	\$1,000.00		
12.	Jewelry		1		
	•	ry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,			
	☐ No				
	✓ Yes. Describe	Watches, rings, necklaces, and other miscellaneous costume jewelry	\$3,000.00		
			•		

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Debtor Soriano, Jose Paolo; Soriano, Shea Brianne

Case number (if known)

13.	Non-farm animals			
	Examples: Dogs, cats,	birds, horses		
	☐ No			
	✓ Yes. Describe	Supply for two small o	dogs	\$200.00
14.	Any other personal an	nd household items you did no	ot already list, including any health aids you did not list	
	<b>√</b> No			
	☐ Yes. Give specific information			-
15.		-	3, including any entries for pages you have attached	\$11,000.00
Pa	ort 4: Describe	Your Financial Assets		
Do y	ou own or have any leg	al or equitable interest in any	of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16.	Cash  Examples: Money you	have in your wallet, in your hom	ne, in a safe deposit box, and on hand when you file your petition	
	<b>☑</b> No			
	☐ Yes		Cash:	
17.	Deposits of money			
	and other s		Ints; certificates of deposit; shares in credit unions, brokerage houses, ultiple accounts with the same institution, list each.	
	□ No			
	<b>√</b> Yes		Institution name:	
			PNC Bank	
		17.1. Checking account:	Account Number: XXXXXX4407	\$0.00
			PNC Bank	
		17.2. Checking account:	Account Number: 5932	\$1,890.56
			UFCU	
		17.3. Checking account:	Account Number: 2668	\$429.00
		<b>3</b>	PNC Bank	
		17.4. Savings account:	Account Number: XXXXXXX924	\$0.00
		17.5. Savings account:	PNC Bank Account Number: XXXXXXX959	\$0.00
			UFCU	
		17.6. Savings account:	Account Number: 2668	\$0.00
		17.7. Other financial account:	Apple Cash	\$0.00
		17.8. Other financial account:	Venmo Account	\$0.00
		17.9. Other financial account:	Zelle Account	\$0.00

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18. Bonds, mutual funds, or publicly traded stocks						
	Examples: Bond funds	Examples: Bond funds, investment accounts with brokerage firms, money market accounts				
	<b>☑</b> No					
	☐ Yes	Institution or issuer nam	ne:			
		-				
19.	Non-publicly traded st LLC, partnership, and		corporated and unincorporated businesses, inclu	uding an interest in an		
	<b>☑</b> No					
	Yes. Give specific					
	information about them	Name of entity:		% of ownership:		
		_				
20.	Government and corn	orate hands and other	negotiable and non-negotiable instruments			
20.	Negotiable instruments	include personal checks,	, cashiers' checks, promissory notes, and money ord of transfer to someone by signing or delivering them.			
	<b>√</b> No					
	Yes. Give specific					
	information about them	Issuer name:				
21.	Retirement or pension Examples: Interests in		I (k), 403(b), thrift savings accounts, or other pension	or profit-sharing plans		
	☐ No					
	Yes. List each account separately.	Type of account:	Institution name:			
		401(k) or similar plan:	PWC 401k		\$51,688.49	
		Additional account:	PWC - Wealth Builder Plan		\$22,488.32	

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22.	• • • • • • •						
	Your share of all unused deposits you have made so that you may continue service or use from a company						
	Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others						
	<b>√</b> No						
	☐ Yes		Institution name or individual:				
		Electric:					
		Gas:					
		Heating oil:					
		Security deposit on	rental unit:				
		Prepaid rent:					
		Telephone:					
		Water:					
		Rented furniture:					
		Other:					
23.	Annuities (A contract for the second of the						
24.			unt in a qualified ABLE program, or under a qualified state tuition program.				
	26 U.S.C. §§ 530(b)(1)	, 529A(b), and 529(b)	(1).				
	<b>√</b> No	Institution name and	d description. Separately file the records of any interests.11 U.S.C. § 521(c):				
25.	Trusts, equitable or for your benefit  ✓ No  ☐ Yes. Give specific	uture interests in pro	operty (other than anything listed in line 1), and rights or powers exercisable				
	information about the	hem					

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26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements			
	<b>☑</b> No			
	Yes. Give specific information about them			
27.	Licenses, franchises, and other genera			
	Examples: Building permits, exclusive lic	icenses		
	✓ No			
	Yes. Give specific information about them			
Mana			Commont value of the	
wone	y or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.	
28.	Tax refunds owed to you			
	<b>☑</b> No			
	Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal:		
		State:		
		Local:		
00	- "			
29.	Family support  Examples: Past due or lump sum alimon settlement	y, spousal support, child support, maintenance, divorce settlement, pro	pperty	
	<b>√</b> No			
	☐ Yes. Give specific information	Alimony:		
		Maintena		
		Support:		
		Divorce s		
		Property :	settlement:	
30.	Other amounts someone owes you			
		rance payments, disability benefits, sick pay, vacation pay, workers' co iid loans you made to someone else	mpensation,	
	<b>√</b> No			
	Yes. Give specific information			

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31.	Interests in insurance policies  Examples: Health, disability, or life insurance	ce; health savings account (HSA); credit, h	omeowner's, or renter's insurance	
	☐ No			
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
		Guardian Term Life insurance	Shea Brianne Soriano or Jose Paolo Soriano	\$0.00
		Guardian Whole Life Insurance	Shea Brianne Soriano	\$618.78
32.	Any interest in property that is due you f If you are the beneficiary of a living trust, ex property because someone has died.		, or are currently entitled to receive	
	<b>☑</b> No			
	Yes. Give specific information			]
33.	Claims against third parties, whether or a Examples: Accidents, employment dispute  1 No	•	demand for payment	ı
	Yes. Describe each claim			1
	Tes. Describe each daint.			-
34.	Other contingent and unliquidated claim claims	s of every nature, including counterclai	ms of the debtor and rights to set of	f
	<b>☑</b> No			
	☐ Yes. Describe each claim			]
	L			
35.	Any financial assets you did not already	list		
	<b>₫</b> No			
	☐ Yes. Give specific information			]
	L			
36.	Add the dollar value of all of your entries for Part 4. Write that number here			\$77,115.15
Pa	rt 5: Describe Any Business-I	Related Property You Own or F	lave an Interest In. List any	real estate in Part 1.
37.	Do you own or have any legal or equitab	le interest in any business-related prop	erty?	
	☐ No. Go to Part 6.			
	✓ Yes. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.

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38.	Accounts receivable or co	mmissions you already earned		
	<b>√</b> No			
	Yes. Describe			
39.	Office equipment, furnish	ngs, and supplies		
	Examples: Business-relate electronic device	d computers, software, modems, printers, copiers, fax machines, rugs, te es	lephones, desks, chairs,	
	☐ No			
	Yes. Describe	Miscellaneous office furniture of low value		\$500.00
40.	Machinery, fixtures, equip	ment, supplies you use in business, and tools of your trade		
	<b>☑</b> No			
	Yes. Describe			
41.	Inventory			
	<b>₫</b> No			
	Yes. Describe			
42.	Interests in partnerships of	or joint ventures		
	<b>☑</b> No			
	☐ Yes. Describe			
	Na	me of entity:	% of ownership:	
	_			
	_	_		
43.	Customer lists, mailing lis	ts, or other compilations		
	<b>₫</b> No			
	☐ Yes. Do your lists inclu	de personally identifiable information (as defined in 11 U.S.C. § 101(4	41A)) <b>?</b>	
	☐ No			
	Yes. Describe.			

24-11614-cgb Doc#1 Filed 12/20/24 Entered 12/20/24 16:36:24 Main Document Pg 18 of 104 Debtor Soriano, Jose Paolo; Soriano, Shea Brianne Case number (if known) Any business-related property you did not already list **√** No ☐ Yes. Give specific information ...... Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$500.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ✓ No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **√** No ☐ Yes ..... Crops—either growing or harvested **√** No ☐ Yes. Give specific information. ..... Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

Official Form 106A/R	Schedule A/R: Property	nana 10

**√** No

**√** No

☐ Yes .....

☐ Yes .....

Farm and fishing supplies, chemicals, and feed

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51.	Any farm- and commercial fishing-related property you did	not already list	
	☑ No		
	Yes. Give specific information		
52.	Add the dollar value of all of your entries from Part 6, includ for Part 6. Write that number here		\$0.00
Pa	T 7: Describe All Property You Own or Have	an Interest in That You Did Not List Al	bove
53.	Do you have other property of any kind you did not already  Examples: Season tickets, country club membership  ✓ No	list?	
	Yes. Give specific information		
54.	Add the dollar value of all of your entries from Part 7. Write	that number here	\$0.00
Pa	t 8: List the Totals of Each Part of this Form	n	
55.	Part 1: Total real estate, line 2		\$544,523.00
56.	Part 2: Total vehicles, line 5	\$94,290.00	
57.	Part 3: Total personal and household items, line 15	\$11,000.00	
58.	Part 4: Total financial assets, line 36	<u>\$77,115.15</u>	
59.	Part 5: Total business-related property, line 45	\$500.00	
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61.	Part 7: Total other property not listed, line 54	+ \$0.00	
62.	Total personal property. Add lines 56 through 61	\$182,905.15 Copy personal property to	+ \$182,905.15
63.	Total of all property on Schedule A/B. Add line 55 + line 62		\$727,428.15

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Fill in this inform	Fill in this information to identify your case:						
Debtor 1	Jose	Paolo	Soriano				
	First Name	Middle Name	Last Name				
Debtor 2	Shea	Brianne	Soriano				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States E	Bankruptcy Court for the	e: Western	District of	Texas			
Case number						<b>.</b>	
(if known)					_	Check if this is amended filing	

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

F	Part 1: Ide	ntify the Property You	ı Claim as Exempt			
1.	✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)					
2.	<ol> <li>For any property you list on Schedule         Brief description of the property and line on Schedule A/B that lists this property     </li> </ol>		Current value of the portion you own  Copy the value from Schedule A/B	•		Specific laws that allow exemption
	Brief description:  Line from Schedule A/B:	Homestead 5905 Leisure Run Rd Austin, TX 78745-3924	\$544,523.00	<b>1</b>	\$11,744.00  100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002
3.	any applicable statutory limit					

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Debtor 1 Jose Paolo Soriano Case number (if known)

Debtor 2 Shea Brianne Soriano
First Name Middle Name Last Name

	on of the property and ule A/B that lists this	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
Brief description:	2022 BMW x5 VIN: 5UXCR4C04N9K65804	\$43,839.00	√	\$2,971.10	Tex. Prop. Code §§ 42.001(a),	
Line from Schedule A/B:	3.1			100% of fair market value, up to any applicable statutory limit	42.002(a)(9)	
Brief description:	2024 Chevrolet Silverado 1500 VIN:	\$50,451.00				
	3GCPAEE85RG198400			\$0.00	Tex. Prop. Code §§ 42.001(a),	
Line from Schedule A/B:	3.2			100% of fair market value, up to any applicable statutory limit	42.002(a)(9)	
Brief description:	Dining set, kitchen essentials, dresser, night stand, bed room sets, living room furniture and	\$4,000.00				
	decor			\$4,000.00	Tex. Prop. Code §§ 42.001(a),	
ine from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	42.002(a)(1)	
Brief description:	Phones (2), Tvs (2), Ipads (2), Speakers, headphones, computer and other small	\$2,200.00				
	electronics		$   \sqrt{} $	\$2,200.00	Tex. Prop. Code §§ 42.001(a),	
ine from Schedule A/B:				100% of fair market value, up to any applicable statutory limit	42.002(a)(1)	
Brief	Handgun and	\$600.00				
description:	assault rifle			\$600.00	Tex. Prop. Code §§ 42.001(a),	
_ine from Schedule A/B: _	10			100% of fair market value, up to any applicable statutory limit	42.002(a)(7)	

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Debtor 1 Jose Paolo Soriano Case number (if known)

Debtor 2 Shea Brianne Soriano
First Name Middle Name Last Name

	on of the property and ule A/B that lists this	Current value of the portion you own  Copy the value from Schedule A/B		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	Shirts, dresses, pants, shorts, shoes, hats and other accessories	\$1,000.00	<b>a</b>	\$1,000.00	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit	42.002(a)(5)
Brief description:	Watches, rings, necklaces, and other miscellaneous	\$3,000.00			
	costume jewelry			\$3,000.00	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B:	12			100% of fair market value, up to any applicable statutory limit	42.002(a)(6)
Brief	Supply for two	\$200.00			
description:	small dogs			\$200.00	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B:	13			100% of fair market value, up to any applicable statutory limit	42.002(a)(11)
Brief description:	PNC Bank Checking account	\$1,890.56			
	Acct. No.: 5932			\$1,890.56	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	UFCU	\$429.00			
accompacts.	Checking account Acct. No.: 2668		<b>4</b>	\$429.00	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief description:	UFCU	\$0.00			
accomputori.	Savings account Acct. No.: 2668		<b>4</b>	\$0.00	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief	Apple Cash	\$0.00		·	
description:	Other financial account		$   \sqrt{} $	\$0.00	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Jose Paolo Soriano Case number (if known)

Debtor 2 Shea Brianne Soriano
First Name Middle Name Last Name

Part 2: Add	ditional Page				
•	on of the property and ule A/B that lists this	Current value of the portion you own		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
		Copy the value from Schedule A/B			
Brief description:	Zelle Account Other financial account	\$0.00	<b>√</b>	\$0.00	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief description:	PNC Bank Checking account	\$0.00			
	Acct. No.: XXXXXX4407			\$0.00	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	PNC Bank Savings account	\$0.00			
	Acct. No.: XXXXXXX924		$\checkmark$	\$0.00	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	PNC Bank	\$0.00			
description.	Savings account Acct. No.: XXXXXXX959		<b>S</b>	\$0.00	15 U.S.C. § 1673
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief	Venmo Account	\$0.00			
description:	Other financial account		√	\$0.00	15 U.S.C. § 1673
ine from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	_
Brief description:	PWC 401k	\$51,688.49	<b>√</b>	\$51,688.49	Toy Bran Codo \$ 42 0024
ine from	21			100% of fair market value, up to	Tex. Prop. Code § 42.0021
Brief	PWC - Wealth	\$22,488.32		any applicable statutory limit	
description:	Builder Plan	Ψ22,700.32	<b>√</b>	\$22,488.32	Tex. Prop. Code § 42.0021
ine from Schedule A/B:	21			100% of fair market value, up to any applicable statutory limit	
Brief	Guardian Whole	\$618.78			
description:	Life Insurance		$   \sqrt{} $	\$618.78	Tex. Ins. Code §§ 1108.001,
Line from Schedule A/B:	31			100% of fair market value, up to any applicable statutory limit	1108.051

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Debtor 1 Soriano Jose **Paolo** Case number (if known) \_ Debtor 2 Shea **Brianne** Soriano First Name Middle Name Last Name Part 2: Additional Page Brief description of the property and Current value of the Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this portion you own Check only one box for each exemption. property Copy the value from Schedule A/B Brief **Guardian Term Life** \$0.00 description: insurance Ą \$0.00 Tex. Ins. Code §§ 1108.001, 1108.051 Line from 100% of fair market value, up to 31 Schedule A/B: any applicable statutory limit Brief Miscellaneous \$500.00 description: office furniture of low value  $\mathbf{\Lambda}$ \$500.00 Tex. Prop. Code §§ 42.001(a),

100% of fair market value, up to

any applicable statutory limit

42.002(a)(4)

Line from

Schedule A/B:

39

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			104				
Fill in this inform	nation to identify you	ır case:					
Debtor 1	Jose	Paolo	Soriano				
	First Name	Middle Name	Last Name				
Debtor 2	Shea	Brianne	Soriano				
(Spouse, if filing)		Middle Name	Last Name				
United Ctates	Domlan into a Count to	r tho: Wester	n District of	Texas			
	Bankruptcy Court for	rine:	<u>.                                    </u>				
Case number ( known)	if					☐ Check if	this is an
						amende	d filing
Official Forr	m 106D						
Schedu	Ie D: Cre	ditors Who	Have Clai	ms Sec	ured by [	Property	10/15
ocnedu	ie D. Cie	ditors write	Tiave Ciai	1113 360	ured by i	торегту	12/15
		ossible. If two married p					
•	eeaea, copy tne Ai number (if known).	dditional Page, fill it out	, number the entries, a	ind attach it to	this form. On the to	p or any additional pag	jes, write your
	, ,	secured by your proper	rtv?				
		mit this form to the court		s. You have noth	ning else to report on	this form.	
	in all of the informat				g		
Part 1:	List All Secured	Claims					
rait i.	LIST All Secured	Ciairis					
		reditor has more than one			Column A	Column B	Column C
		ore than one creditor has	•		Amount of claim	Value of collateral	Unsecured
creditors in		possible, list the claims i	n aipnabetical order acc	ording to the	Do not deduct the	that supports this claim	portion
0.4					value of collateral.		If any
Ally Fin		Describe to	he property that secure	es the claim:	\$58,034.00	\$50,451.00	\$7,583.00
Creditor's		2024 Che	evrolet Silverado 150	00			
Po Box							
Number	Street	As of the o	late you file, the claim	is: Check all tha	t apply.		
		Conting					
Minnear	oolis, MN 55438	Unliquid					
City	State	ZIP Code 🚨 Dispute	ed				
Who owe	s the debt? Check	one. Nature of I	ien. Check all that apply	-			
✓ Debtor	r 1 only	_	eement you made (such		secured car loan)		
Debto	r 2 only	☐ Statuto	ry lien (such as tax lien, r	nechanic's lien)			
Debto	r 1 and Debtor 2 onl	y 🔲 Judgme	ent lien from a lawsuit				
anothe	st one of the debtors er	and Other (i offset)	ncluding a right to		<u> </u>		
☑ Check	if this claim relate	es to a					

community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$58,034.00

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Debtor 1	Jose	Paolo	Soriano	Case r	number (if known)				
Debtor 2	Shea	Brianne	Soriano						
	First Name	Middle Na	me Last Name						
Part 1	Additional Pa	y entries on this	page, number them beginr	ing with 2.3,	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion		
	IW BANK OF NOR	ТН	Describe the property that	secures the claim:	\$40,867.90	\$43,839.00	\$0.00		
	ditor's Name		2022 BMW x5						
P.C Num	D. BOX 78066 ober Street		As of the date you file, the claim is: Check all that apply.  Contingent						
City	Phoenix, AZ 85062 City State ZIP Co		☐ Unliquidated☐ Disputed☐						
_		eck one.	Nature of lien. Check all tha	,					
<b>√</b> 1	Debtor 1 only Debtor 2 only		<ul><li>✓ An agreement you made</li><li>☐ Statutory lien (such as ta.)</li></ul>	k lien, mechanic's lien)	secured car loan)				
	Debtor 1 and Debtor 2 At least one of the deb another		<ul><li>Judgment lien from a law</li><li>Other (including a right to offset)</li></ul>						
	Check if this claim re community debt	elates to a							
Date	e debt was incurred		Last 4 digits of account nu	mber <u>5 1 3</u>	9				
	-	nnyMac Loan Services LLC		secures the claim:	\$532,779.00	\$544,523.00	\$0.00		
	ditor's Name  Box BOX 514387		Homestead						
Num	nber Street		5905 Leisure Run Rd Austin, As of the date you file, the		 t apply.				
<b>Los</b> City	s Angeles, CA 900	51 ZIP Code	<ul><li>□ Contingent</li><li>□ Unliquidated</li><li>□ Disputed</li></ul>						
Who	o owes the debt? Che	eck one.	Nature of lien. Check all tha	t apply.					
<b>5</b> 1	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb another		<ul> <li>An agreement you made</li> <li>Statutory lien (such as ta.</li> <li>Judgment lien from a law</li> <li>Other (including a right to offset)</li> </ul>	x lien, mechanic's lien)	secured car loan)				
	Check if this claim re community debt	elates to a							
Date	e debt was incurred	02/11/2022	Last 4 digits of account nu	mber <u>E 0 0</u>	1				
Add	the dollar value of y	our entries in C	olumn A on this page. Write	that number here:	\$573,646.90				
	is is the last page of	•	the dollar value totals from	all pages.	\$631,680.90				

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Debtor 1	Jose	Paolo	Soriano			
	First Name	Middle Name	Last Name			
Debtor 2	Shea	Brianne	Soriano			
Spouse, if filing)	First Name	Middle Name	Last Name			
Inited States E	Bankruptcy Court f	or the: West	<b>ern</b> Dis	trict of Texas	<u> </u>	
ase number						
f known)						Check if this is amended filing

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B:* Property (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property.* If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

	ber (if known).		, ,	•	
1.	Do any creditors have priority unsecured  No. Go to Part 2.  ✓ Yes.				
2.	claim listed, identify what type of claim it is. It amounts. As much as possible, list the claims fill out the Continuation Page of Part 1. If mo	If a creditor has more than one priority unsecured claim, list the cities a claim has both priority and nonpriority amounts, list that claim has in alphabetical order according to the creditor's name. If you have than one creditor holds a particular claim, list the other creditors the instructions for this form in the instruction booklet.)	nere and show e more than tw	both priority and	nonpriority
		·	Total claim	Priority amount	Nonpriority amount
2.1	Texas Comptroller Priority Creditor's Name  Lyndon B. Johnson State Office Bldg  111 East 17th Street  Number Street  Austin, TX 78774  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  ✓ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  Yes	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicate Other. Specify	<b>\$31,155.91</b>	\$31,155.91	\$0.00
	Remarks: 400 Colorado LLC - Debt for 202	4			

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Debtor 1 Jose Paolo	Soriano	Case number (if kno	wn)									
Debtor 2	Shea	Brianne	Soriano	_								
	First Name	Middle Nan	ne Last Name	_								
Part 1:	Your PRIORITY	Y Unsecured (	Claims – Continuation Page									
After listing	any entries on this	s page, number	them beginning with 2.3, followed by 2.4	4, and so forth.	Total claim	Priority amount	Nonpriority amount					
2.2 Texas	Comptroller		Last 4 digits of account number	\$70,232.40	\$0.00							
Priority	Priority Creditor's Name		When was the debt incurred? 2024									
Lynde Bldg	on B. Johnson St	ate Office	_									
111 E	ast 17th Street		As of the date you file, the claim is: Ch	neck all that apply.								
Numbe	r Street	_	☐ Contingent									
Austi	n, TX 78774		☐ Unliquidated									
City	State	ZIP Code	☐ Disputed									
Who in	curred the debt? C	heck one.	Type of PRIORITY unsecured claim:									
<b>₫</b> Del	otor 1 only		☐ Domestic support obligations									
Del	otor 2 only			ve the government								
☐ Del	otor 1 and Debtor 2 of	only	☐ Claims for death or personal injury w	hile you were intoxicat	ed							
	east one of the debto		☐ Other. Specify									
	eck if this claim is f nmunity debt	or a										
Is the d	claim subject to off	set?										
<b>₫</b> No												
☐ Yes	3											
Remar	ks: 504 W 24th Stre	et Suite B OpCo	LLC - Debt for 2024									

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Debto	r 1 <b>Jose</b>	Paolo	Soriano	Case number (if know	vn)							
Debto	r 2 <b>Shea</b>	Brianne	Soriano									
	First Nam	e Middle Nan	ne Last Name									
Pa	rt 1: Your PR	IORITY Unsecured (	Claims — Continuation Page									
			them beginning with 2.3, followed b	av 2.4 and so forth	Total claim	Priority	Nonpriority					
Aitei	instilling ally entitles	on this page, number	mem beginning with 2.3, followed t	y 2.4, and 30 lorus.	Total Claim	amount	amount					
2.3	Texas Comptrol	ler	Last 4 digits of account number		\$46,991.06	\$46,991.06	\$0.00					
	Priority Creditor's Na	ame	When was the debt incurred?	2024		·						
	Lyndon B. John Bldg	son State Office										
	111 East 17th St	reet	As of the date you file, the claim is: Check all that apply.									
	Number Street	t	☐ Contingent									
	Austin, TX 7877	4	Unliquidated									
	City St	ate ZIP Code	☐ Disputed									
	Who incurred the	debt? Check one.	Type of PRIORITY unsecured claim	m:								
	✓ Debtor 1 only		☐ Domestic support obligations									
	Debtor 2 only		✓ Taxes and certain other debts you	ou owe the government								
	Debtor 1 and De	•	Claims for death or personal inju	ry while you were intoxicate	d							
	✓ At least one of the Check if this cl	he debtors and another	Other. Specify									
	community del											
	Is the claim subject	t to offset?										
	<b>☑</b> No											
	☐ Yes											
	Remarks: 110 E. R	iverside Opco LLC - Deb	ot for 2024									
2.4	Texas Comptrol	ler	Last 4 digits of account number		\$8,833.39	\$8,833.39	\$0.00					
	Priority Creditor's Na	ame	When was the debt incurred?	2024								
	Lyndon B. John	son State Office	when was the dept incurred?									
	Bldg											
	111 East 17th St	reet	As of the date you file, the claim i	s: Check all that apply.								
	Number Street	t	☐ Contingent	, , , , , , , , , , , , , , , , , , , ,								
	Austin, TX 7877	4	☐ Unliquidated									
	City St	ate ZIP Code	☐ Disputed									
	Who incurred the	debt? Check one.	Type of PRIORITY unsecured clair	m:								
	✓ Debtor 1 only		☐ Domestic support obligations									
	Debtor 2 only		✓ Taxes and certain other debts you	ou owe the government								
	Debtor 1 and De		☐ Claims for death or personal inju	ry while you were intoxicate	d							
		he debtors and another	Other. Specify									
	✓ Check if this cl community del											
	•											
	Is the claim subject  No	i to offset?										
	Yes											
	Remarks: 720 Spa	ce ATX LLC - Debt for 20	024									

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Debto	or 1	Jose	Paolo	Soriano	Case number (i	if known)					
Debto	or 2	Shea	Brianne	Soriano							
		First Name	Middle Name	Last Name							
D	art 2:	List All of Vo.	ır NONPRIORITY Un:	secured Claims							
3.	_		npriority unsecured cla	-	4b						
	Yes	Tou have nothing to	o report in this part. Subh	nit this form to the court w	in your other schedules.						
4.	nonprior included	rity unsecured clain d in Part 1. If more t	n, list the creditor separat	ely for each claim. For ea	the creditor who holds each claim listed, identify what her creditors in Part 3.If you	t type of claim it is. Do not	list claims already				
							Total claim				
4.1	2016	Tiger Terrance		Last 4 digits of	account number		unknown				
	Nonprio	ority Creditor's Name	е	When was the	debt incurred?	<u> </u>					
	c/o Ak	oigal Ventress			-						
	4-6 N	Lee Street Suite	103	As of the date	- As of the date you file, the claim is: Check all that apply.						
	Number	r Street		☐ Contingent	, • • • • • • • • • • • • • • • • • • •	on all all apply.					
	Round	d Rock, TX 7866	4	Unliquidated	I						
	City	St	ate ZIP	Code							
		curred the debt?	Check one.	Type of NONPI	RIORITY unsecured claim	:					
		otor 1 only		☐ Student loa	ns						
		otor 2 only		· ·	arising out of a separation a	agreement or divorce that	you did not report as				
		otor 1 and Debtor 2 east one of the deb	•	priority clain	ns nsion or profit-sharing plans	and other similar debts					
			for a community debt		ify Business Debts	s, and other similar debts					
	lo the e	olaim aubiaat ta af	fact2								
	□ No	claim subject to of	isetr								
	✓ Yes	;									
4.2	968 W	/ Veterans Realt	vIIC	Last 4 digits of	account number		\$13,977.50				
		ority Creditor's Name			<del></del> -	<del></del> _	Ψ10,017.00				
	dba A	spire Funding F	Platform	When was the	debt incurred? (	07/01/2024					
	7901 4	4TH ST N STE 3	00		<i>m</i> 4 1						
	Number	r Street		☐ Contingent	you file, the claim is: Che	ск ан тпат арргу.					
	Saint	Petersburg, FL	33702	Unliquidated	I						
	City	St	ate ZIP	Code Disputed	•						
	Who in	curred the debt?	Check one.	Type of NOND	RIORITY unsecured claim						
	<b>₫</b> Deb	otor 1 only		Student loa		•					
		otor 2 only			arising out of a separation	agreement or divorce that	vou did not report as				
		otor 1 and Debtor 2	•	priority clain	ns		,				
		east one of the deb	for a community debt		nsion or profit-sharing plans ify Business Debts	s, and other similar debts					
			·	Uner. Spec	Business Debts						
		laim subject to of	fset?								
	✓ No										
	Yes	;									

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Debtor 1	Jose	Paolo	Soriano	Case number (if known)						
Debtor 2	Shea	Brianne	Soriano							
	First Name	Middle Name	Last Name							
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation	Page						
After listing	g any entries on thi	is page, number them b	eginning with 4.4, follow	wed by 4.5, and so forth. Total claim						
4.3 Aller	n Ojeda		Last 4 digits o	of account number unknown						
Nonpri	iority Creditor's Name	е	When was the	debt incurred?						
1280	0 Briar Forest Dr	#45		Their was the dest mounted:						
Numbe	er Street		As of the date	you file the claim is: Check all that apply						
				As of the date you file, the claim is: Check all that apply.  — Contingent						
Hous	ston, TX 77077		Unliquidate							
City	St	ate ZIF	Code Disputed	•						
Who i	ncurred the debt?	Check one.	T ( NOND							
<b>√</b> De	ebtor 1 only			Type of NONPRIORITY unsecured claim: ☐ Student loans						
☐ De	ebtor 2 only			ans arising out of a separation agreement or divorce that you did not report as						
☐ De	ebtor 1 and Debtor 2	only	priority clair							
☐ At	least one of the deb	tors and another	Debts to pe	ension or profit-sharing plans, and other similar debts						
<b>√</b> Ch	neck if this claim is	for a community debt	✓ Other. Specentric  ✓ O	cify Business Debts						
Is the	claim subject to of	fset?								
☐ No	•									
✓ Ye										
4.4 Amo	rican Express		l aet A dinite o	of account number 7 5 3 3 \$16,996.00						
	iority Creditor's Name	<u> </u>		f account number 7 5 3 3 3 \$16,996.00						
•	ox 6031		When was the	debt incurred? 02/15/2020						
Numbe										
			As of the date	you file, the claim is: Check all that apply.						
Caro	I Stream, IL 6019	7-6031	☐ Contingent							
City	•		Code Unliquidate	ed .						
,	ncurred the debt?	Chook one	☐ Disputed							
_		check one.	Type of NONP	RIORITY unsecured claim:						
	ebtor 1 only ebtor 2 only		☐ Student loa	ans						
	ebtor 2 only ebtor 1 and Debtor 2	only	_	s arising out of a separation agreement or divorce that you did not report as						
<del>-</del>	least one of the deb	•	priority clair							
		for a community debt		ension or profit-sharing plans, and other similar debts						
<b>-</b> 01	014111113	a community acot		cify Credit Card						
	claim subject to of	fset?								
<b>√</b> No	)									
□ Ye	95									

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Debtor 1	Jose	Paolo	Soria	no	Case nu	ımber (	if known) .			
Debtor 2	Shea	Brianne	Soria	no						
	First Name	Middle Name	Last Na	ıme	<del></del>					
Part 2:	Your NONPRI	IORITY Unsecured CI	aims — Co	ontinuation Page						
After listin	ng any entries on th	is page, number them b	eginning w	ith 4.4, followed by	4.5, and so f	orth.			Total claim	
4.5 Am	erican Express		L	ast 4 digits of accou	unt number	4	9 3	3	\$4,429.00	
Nonp	oriority Creditor's Nam	ie		lhan was the debt is	acurred?	_	00/06/20			
Pol	Box 6031			When was the debt incurred? 09/06/2022						
Num	ber Street			As of the date you file, the claim is: Check all that apply.  Contingent						
	ol Stream, IL 6019		г	Unliquidated						
City	S	tate ZIP	Code	Disputed						
Who	incurred the debt?	Check one.	т.	Type of NONPRIORITY unsecured claim:						
	Debtor 1 only		_	☐ Student loans						
	Debtor 2 only		_		out of a sena	aration	agreeme	nt or divor	ce that you did not report as	
	Debtor 1 and Debtor 2 at least one of the deb	,		priority claims	out of a cope	aration	agroomo	in or aivor	so that you aid not roport ao	
		s for a community debt		Debts to pension o	•	ng plan	s, and oth	ner similar	debts	
_		•	~	Other. Specify <u>Cr</u>	edit Card				ı	
	e claim subject to of	ffset?								
<b>1</b> N	No Yes									
4.6 Am	erican Express		L	ast 4 digits of accoι	unt number	2	8 4	3	\$78,492.00	
Nonp	oriority Creditor's Nam	ie	W	hen was the debt ir	ncurred?		11/29/20	121		
	Box 6031			non was the asst in	iouiiou i		11/25/20			
Num	ber Street			6 (	- (	0	-111-41	l .		
				s of the date you file  Contingent	e, me ciaim i	is. Che	ck all tha	т арріу.		
	ol Stream, IL 6019		г	Unliquidated						
City	S	tate ZIP	Code	Disputed						
Who	incurred the debt?	Check one.	_							
	Debtor 1 only			ype of NONPRIORIT	Y unsecured	d claim	1:			
	Debtor 2 only		_	Student loans Obligations arising	out of a cona	ration	agroomo	nt or divor	ce that you did not report as	
_	Debtor 1 and Debtor 2	,	_	priority claims	out of a sepa	arallori	agreeme	iii oi uivoi	be that you did not report as	
_	At least one of the debtors and another Check if this claim is for a community debt			Debts to pension o	•	ng plan	s, and oth	ner similar	debts	
<b>E</b>				Other. Specify <u>Cr</u>	edit Card					
	e claim subject to of	ffset?								
<b>₫</b> N										
□ Y	'es									

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Debtor 1	Jose	Paolo	Soriano	Case nu	umber (	if known)					
Debtor 2	Shea	Brianne	Soriano								
	First Name	Middle Name	Last Name								
				_							
Part 2	Your NONPRI	ORITY Unsecured C	laims — Continuation I	Page							
After list	ing any entries on th	is page, number them b	eginning with 4.4, follow	ed by 4.5, and so f	forth.			Total claim			
4.7 An	nerican Express		Last 4 digits of	account number	1	0 0	11	\$42,436.61			
Non	priority Creditor's Nam	е	When was the o	leht incurred?							
	Box 6031			iest incurreu :							
Nun	nber Street		As of the date v	ou file, the claim i	ie: Cha	ock all th	at annly				
			Contingent	ou me, me ciami	13. 0110	ok all til	ат арргу.				
_	rol Stream, IL 6019		Unliquidated								
City	Si	tate ZIF	Code Disputed								
Who	incurred the debt?	Check one.	Type of NONPR	IORITY unsecured	d claim	1-					
	Debtor 1 only		☐ Student loan		a olalli						
	Debtor 2 only Debtor 1 and Debtor 2	Lonk	Obligations a	ce that you did not report as							
	At least one of the deb	•	. ,	priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card							
		for a community debt									
<b>5</b>											
4.8 Ca	pital One		Last 4 digits of	Last 4 digits of account number 2 2 0 8							
Non	priority Creditor's Nam	е	When wee the	When was the debt incurred? 11/06/2018							
Po	Box 31293		When was the t	When was the debt incurred? 11/06/2018							
Nun	nber Street		<b>A C</b> (1 <b>L</b> )	en 41 1 1 1 1							
			As of the date y	As of the date you file, the claim is: Check all that apply.							
Sa	It Lake Cty, UT 841	31-0293	Unliquidated								
City	Si	tate ZIF	Code Disputed								
Who	incurred the debt?	Check one.	T ( NONDD	IODITY							
	Debtor 1 only			IORITY unsecured	d claim	1:					
	Debtor 2 only		Student loan		aration	aaraami	ent or divor	ce that you did not report as			
_	Debtor 1 and Debtor 2	•	priority claim	•	aration	agreem	one or aivor	so that you did not report as			
	At least one of the deb	otors and another	_	☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card							
		•	☑ Other. Speci	ty Credit Card							
	ne claim subject to of	ffset?									
<b>3</b>											
	res										

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Debtor 1	Jose	Paolo	Soriano	Case nui	mber	(if knov	wn)				
Debtor 2	Shea Brianne So		Soriano								
	First Name	Middle Name	Last Name								
	<b>.</b>			_							
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation F	Page							
After listing	g any entries on thi	is page, number them b	eginning with 4.4, follower	ed by 4.5, and so fo	orth.				Total claim		
4.9 Capi	tal One		Last 4 digits of	Last 4 digits of account number 3 0 7 8							
Nonpri	iority Creditor's Nam	ie	When was the	When was the debt incurred? 02/22/2019							
Po B	ox 31293			debt incurred?		UZIZ	2/20	19			
Numb	er Street										
				ou file, the claim i	s: Ch	eck al	I that	apply.			
Salt	Lake Cty, UT 841	31-0293	☐ Contingent								
City	S	tate ZII	Code Unliquidated Disputed								
Who i	ncurred the debt?	Check one	Disputed								
	ebtor 1 only		Type of NONPR	IORITY unsecured	l clair	n:					
	ebtor 2 only		Student loan	☐ Student loans							
	ebtor 1 and Debtor 2	2 only	· ·	Obligations arising out of a separation agreement or divorce that you did not report as							
☐ At	least one of the deb	priority claim	□ Debts to pension or profit-sharing plans, and other similar debts								
<b>☑</b> Ch	neck if this claim is		☑ Other. Specify Credit Card								
Is the	claim subject to of	ffset?									
<b>√</b> No											
☐ Ye	es										
4.10 Cani							_				
Сарі	tal One		Last 4 digits of	account number	9	8	_0_	3	\$1,889.00		
•	iority Creditor's Nam	ie	When was the	When was the debt incurred? 11/07/2023							
	ox 31293										
Numb	er Street		As of the date :	As of the date you file, the claim is: Check all that apply.							
				Contingent							
Salt	Lake Cty, UT 841	31-0293	•	Unliquidated							
City	S	tate ZII	, (:00e	☐ Disputed							
Who i	ncurred the debt?	Check one.	<b>—</b> 2.0pa.ca								
<b>√</b> De	ebtor 1 only		Type of NONPR	Type of NONPRIORITY unsecured claim:							
☐ De	ebtor 2 only		=	☐ Student loans							
☐ De	ebtor 1 and Debtor 2	2 only	•	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>							
_	least one of the deb		1 . 7	ıs ısion or profit-sharin	a plar	ns. an	d oth	er similar de	ebts		
☑ Ch	neck if this claim is	for a community debt		fy Credit Card	الدام ق	-, -,					
Is the	claim subject to of	ffset?	·								
<b>∑</b> No	•										
☐ Ye											

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Debtor 1		Jose Paolo So		riano	Case nu	Case number (if known)						
Debto	r 2	Shea	Brianne	Sc	oriano							
		First Name	Middle Name	Las	t Name							
P.o	rt 2:	Your NONDR	IORITY Unsecured C	laims	Continuation	<b>Dono</b>						
	r listing a	iny entries on th	nis page, number them b	eginnin	g with 4.4, follow	ed by 4.5, and so to	orth.				Total claim	
4.11	Capital			Last 4 digits of	account number	8	7	6	4	\$9,925.42		
	Nonpriori	ty Creditor's Nam	ne	When was the debt incurred? 11/29/2021								
		31293		•								
	Number	Street		As of the date :	ou file the claim i	c. Ch	ook o	II tha	t apply			
				As of the date you file, the claim is: Check all that apply.  Contingent								
		ke Cty, UT 841		Unliquidated								
	City	S	State ZIF	☐ Disputed								
	Who incurred the debt? Check one.				Time of NONDDIODITY improving claims							
	Debtor 1 only			Type of NONPRIORITY unsecured claim:  Student loans								
	☐ Debte	-	) and	☐ Obligations arising out of a separation agreement or divorce that you did not report as								
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☑ Check if this claim is for a community debt					priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card							
	✓ No	ann subject to o	inset:									
	Yes											
4.12	Cartor	Sackman Jr.			I ast 4 digits of	account number					\$30,000.00	
		ty Creditor's Nam	ne			<u> </u>						
	2308 Holly Street				When was the debt incurred?			08/23/2024				
	Number	Street										
				As of the date you file, the claim is: Check all that apply.								
	Austin	, TX 78702		☐ Contingent								
	City		State ZIF	Code	Unliquidated							
	Who incurred the debt? Check one.				Disputed							
	Debtor 1 only				Type of NONPRIORITY unsecured claim:							
Debtor 2 only				<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>								
<ul><li>Debtor 1 and Debtor 2 only</li><li>At least one of the debtors and another</li></ul>												
					Debts to pension or profit-sharing plans, and other similar debts							
	☑ Check if this claim is for a community debt				✓ Other. Speci	fy <b>Business Deb</b>	ots				_	
	Is the cla	aim subject to o	ffset?									
	<b>√</b> No											
	Yes											

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Jose	Paolo	Soria		e number (if known)						
Shea	Brianne	Soria	ano							
First Name	Middle Name	Last N	ame							
Your NONPRI	ORITY Unsecured C	laims — C	ontinuation Page							
g any entries on thi	s page, number them b	eginning v	vith 4.4, followed by 4.5, and s	so forth.	Total claim					
prehensive Merc	hant	ı	ast 4 digits of account numb	er	\$47,135.80					
riority Creditor's Name	е		When was the deht incurred?	06/11/2024						
E. Bay Harbor D	r. 706 706	· ·	Their was the dest modified.	00/11/2024						
oer Street		,		in in Chaptall that annu.						
			-							
ni Beach, FL 3315	54		•							
St	ate ZIP	Code								
incurred the debt?	Check one.	-	Type of NONDRIORITY upage	urad alaimu						
,				ireu ciaiiii.						
•			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>							
	•									
0	fset?									
artment of Educat	tion	ı	ast 4 digits of account numb	er 1 2 0 3	\$10,296.41					
riority Creditor's Name	Э		<u> </u>							
ce of General Cou	nsel	·	when was the debt incurred?							
Maryland Ave, SV	V Room 6E353		No of the data you file the also	im in Charle all that apply						
er Street			_	ini is. Check all that apply.						
hington, DC 2020	2		_							
St	ate ZIP	Cada	•							
incurred the debt?	Check one.	-	Type of NONPPIOPITY upsecu	rod claim:						
			<u> </u>	area ciaiiii.						
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as</li> </ul>							
			priority claims							
least one of the deb			Debts to pension or profit-sh	aring plans, and other similar d	ebts					
heck if this claim is	for a community debt									
	for a community debt		Other. Specify Student Lo							
heck if this claim is claim subject to of	for a community debt									
	Shea First Name  Your NONPRI  Ig any entries on this Inprehensive Merconomic Creditor's Name  I E. Bay Harbor Department of Education of the debtor 1 and Debtor 2 and Debtor	Shea Brianne  First Name Middle Name  Your NONPRIORITY Unsecured City any entries on this page, number them by the prehensive Merchant froity Creditor's Name  I.E. Bay Harbor Dr. 706 706  Der Street  Mi Beach, FL 33154  State ZIP  Incurred the debt? Check one.  Stebtor 1 only  Store 1 and Debtor 2 only  It least one of the debtors and another sheck if this claim is for a community debt or claim subject to offset?  Compared the debt of the debtors and another sheck if this claim is for a community debt or claim subject to offset?  Maryland Ave, SW Room 6E353  Der Street  Strington, DC 20202  State ZIP  Incurred the debt? Check one.  Street chington, DC 20202  State ZIP  Incurred the debt? Check one.	Shea Brianne Soria First Name Middle Name Last N  Your NONPRIORITY Unsecured Claims — Congressive Merchant Firority Creditor's Name  I.E. Bay Harbor Dr. 706 706  Der Street  Mi Beach, FL 33154  State ZIP Code  Incurred the debt? Check one.  Sebtor 1 only  Sebtor 2 only  State one of the debtors and another sheck if this claim is for a community debt  Second General Counsel  Maryland Ave, SW Room 6E353  Der Street  State ZIP Code  Incurred the debt? Check one.  Second General Counsel  Maryland Ave, SW Room 6E353  Der Street  Schington, DC 20202  State ZIP Code  Incurred the debt? Check one.  Second General Counsel  Maryland Ave, SW Room 6E353  Der Street  Schington, DC 20202  State ZIP Code  Incurred the debt? Check one.  Second Counsel  State ZIP Code  Incurred the debt? Check one.  Second Counsel  State ZIP Code  Incurred the debt? Check one.  Second Counsel  State ZIP Code  Incurred the debt? Check one.	Shea Brianne Soriano  First Name Middle Name Last Name  Your NONPRIORITY Unsecured Claims — Continuation Page  Ig any entries on this page, number them beginning with 4.4, followed by 4.5, and is apprehensive Merchant friority Creditor's Name  I E. Bay Harbor Dr. 706 706  Der Street  As of the date you file, the claim is Beach, FL 33154  State ZIP Code incurred the debt? Check one.  ebtor 1 only ebtor 2 only telestor 1 and Debtor 2 only telestor 1 and Debtor 2 only telestor 1 and Debtor 2 only telestor 1 only ebtor 1 and Debtor 2 only telestor 1 only ebtor 1 and Debtor 2 only telestor 1 only telestor 1 only ebtor 1 and Debtor 2 only telestor 1 only ebtor 1 and Debtor 2 only telestor 1 only ebtor 1 and Debtor 2 only ebtor 1 and Debtor 2 only ebtor 1 and Debtor 2 only ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only ebtor 2 only ebtor 1 and Debtor 2 only ebtor 2 only ebtor 1 and Debtor 2 only ebtor 2 only ebtor 2 only ebtor 2 only ebtor 1 and Debtor 2 only ebtor 2	Shea   Brianne   Soriano   Soriano   First Name   Middle Name   Last Name					

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Debtor 1	Jose	Paolo	Soriano	Case number (if known)					
Debtor 2	Shea	Brianne	Soriano						
	First Name	Middle Name	Last Name						
Part 2	Your NONPR	IORITY Unsecured Cla	ims — Contin	uation Page					
After lis	ting any entries on th	is page, number them be	ginning with 4.	.4, followed by 4.5, and so forth. Total claim					
4.15 <b>D</b> e	epartment of Educa	ation	Last 4	digits of account number 1 4 5 7 \$11,512.95					
No	npriority Creditor's Nam	ne	\A/I						
Of	ffice of General Co	unsel	wnen	was the debt incurred?					
40	00 Maryland Ave, S\	W Room 6E353							
Nu	mber Street			the date you file, the claim is: Check all that apply.					
W	ashington, DC 2020	02	<del>-</del>	ontingent oliquidated					
Cit	y S	State ZIP (	2040	sputed					
Wh	no incurred the debt?	Check one.		'					
√	Debtor 1 only		• • • • • • • • • • • • • • • • • • • •	of NONPRIORITY unsecured claim:					
	Debtor 2 only			udent loans					
	Debtor 1 and Debtor 2	2 only		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>					
	At least one of the deb	btors and another		Debts to pension or profit-sharing plans, and other similar debts					
	Check if this claim is	s for a community debt	_	her. Specify					
ls f	the claim subject to o	ffset?							
	No								
	Yes								
4.16 D4									
	epartment of Educa		Last 4	digits of account number 1 4 6 8 \$9,823.04					
	npriority Creditor's Nam		When	was the debt incurred?					
<u>O</u> 1	ffice of General Cou	unsei							
	00 Maryland Ave, S		As of t	the date you file, the claim is: Check all that apply.					
Nu	mber Street			ontingent					
	ashington, DC 2020		Un	liquidated					
Cit	y S	State ZIP (	Code 🔲 Dis	sputed					
Wh	no incurred the debt?	Check one.	Tyne o	of NONPRIORITY unsecured claim:					
	Debtor 1 only			udent loans					
☐ Debtor 2 only				oligations arising out of a separation agreement or divorce that you did not report as					
	Debtor 1 and Debtor 2 only			ority claims					
At least one of the debtors and another				bbs to pension or profit-sharing plans, and other similar debts					
✓ Check if this claim is for a community debt			<b>₫</b> Otl	her. Specify Student Loans					
ls t	the claim subject to o	ffset?							
	No								
	Voc								

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Debtor 1	Jose	Paolo	Soriano	Case number (if known)					
Debtor 2 Shea Brianne		Soriano							
First Name Middle Name Las		Last Name							
D1	O Verra NONDO	IODITY II		and an Bour					
Part	4 Your NUNPK	IORITY Unsecured C	aims – Contini	•					
	sting any entries on th	is page, number them b	eginning with 4.4	ng with 4.4, followed by 4.5, and so forth.					
	epartment of Educa		Last 4 o	digits of account number 1 4 7 2 \$10,815.18					
	onpriority Creditor's Nam		When v	vas the debt incurred?					
<u> </u>	office of General Cou	unsel							
_	00 Maryland Ave, S\		——— As of th	ne date you file, the claim is: Check all that apply.					
	umber Street		☐ Con						
	/ashington, DC 2020			quidated					
Cit	ty S	tate ZIP	Code	puted					
	ho incurred the debt?	Check one.	Type of	NONPRIORITY unsecured claim:					
	Debtor 1 only		☐ Stud	dent loans					
<ul> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> <li>☑ Check if this claim is for a community debt</li> </ul>			Obli	<ul> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Student Loans</li> </ul>					
<b>1</b>	the claim subject to of No Yes								
4.18 <b>D</b>	epartment of Educa	ition	Last 4 o	digits of account number <u>5 2 2 2 2 </u> \$1,249.23					
No	onpriority Creditor's Nam	e	When v	vas the debt incurred?					
<u>o</u>	ffice of General Cou	unsel		<u></u>					
40	00 Maryland Ave, S\	N Room 6E353	——— As of th	ne date you file, the claim is: Check all that apply.					
Nι	umber Street		☐ Con						
W	ashington, DC 2020	)2		quidated					
Cit	ty S	tate ZIP	Code  Disp	outed					
	ho incurred the debt?	Check one.	Type of	NONPRIORITY unsecured claim:					
$\checkmark$	Debtor 1 only			dent loans					
Debtor 2 only				gations arising out of a separation agreement or divorce that you did not report as					
Debtor 1 and Debtor 2 only			prio	priority claims					
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt				<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Student Loans</li> </ul>					
		•	<b>E</b> Oth	Student Loans					
	the claim subject to of	ttset?							
	No Yes								
	i tes								

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Debtor 1	or 1 Jose Paolo Soriano		Soriano	Case number (if known)						
Debtor 2	Shea	Brianne	Soriano							
	First Name	First Name Middle Name Las								
	<b>.</b>									
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuat	tion Page						
	g any entries on thi	is page, number them b	eginning with 4.4, fo	ollowed by 4.5, and so forth. Total claim						
4.19 <b>Dep</b>	t of Ed / Nelnet		Last 4 dig	its of account number 0 0 0 0 0 \$137.00						
Nonp	riority Creditor's Nam	ne	When was	s the debt incurred? 08/19/2009						
	Po Box 82561			00/13/2003						
Numb	oer Street		A = = £ (b = -	data constitue the plains in Observation that are be						
			As of the c	date you file, the claim is: Check all that apply.						
Linc	Lincoln, NE 68501-2561			gent idated						
City	City State ZIP Co		Code Dispute							
Who	incurred the debt?	Check one.								
_	ebtor 1 only			ONPRIORITY unsecured claim:						
Debtor 2 only			=	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that you did not report as</li></ul>						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts						
_										
M C	✓ Check if this claim is for a community debt			Specify Student Loans						
Is the	e claim subject to of	ffset?								
<b>√</b> N	0									
☐ Ye	es									
4.20 <b>Dep</b>	t of Ed / Nelnet		Last 4 dig	its of account number 0 0 0 0 \$131.00						
Nonp	riority Creditor's Nam	ne		<del></del>						
Po E	3ox 82561		When was	s the debt incurred?						
Numb	oer Street									
			As of the	date you file, the claim is: Check all that apply.						
Linc	oln, NE 68501-25	661	☐ Conting	•						
City	S	tate ZII	Code Unliqui							
Who	incurred the debt?	Check one.	☐ Dispute	<del>c</del> u						
☐ D	ebtor 1 only		Type of No	ONPRIORITY unsecured claim:						
_	ebtor 2 only		☐ Studen							
	ebtor 1 and Debtor 2	2 only		tions arising out of a separation agreement or divorce that you did not report as						
	t least one of the deb			claims to pension or profit-sharing plans, and other similar debts						
☑ c	heck if this claim is	s for a community debt		Specify Student Loans						
Is the	e claim subject to of	ffset?								
<b>√</b> N	•									

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Debtor 1	otor 1 Jose Paolo Soriano		Soriano	Case number (if known)						
Debtor 2	Shea	Brianne	Soriano							
	First Name	Middle Name	Last Name							
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuat	cion Page						
	g any entries on thi	is page, number them b	eginning with 4.4, fo	bllowed by 4.5, and so forth. Total claim						
4.21 <b>Dep</b>	t of Ed / Nelnet		Last 4 dig	its of account number 0 0 0 0						
Nonp	Nonpriority Creditor's Name Po Box 82561		When was	s the debt incurred? 08/20/2010						
				00/20/2010						
Numb	oer Street		As of the	data you file the claim is: Chock all that apply						
	Lincoln, NE 68501-2561			date you file, the claim is: Check all that apply. gent						
				idated						
City	S	tate ZII	Code Dispute							
Who	incurred the debt?	Check one.	Type of N	ONPRIORITY unsecured claim:						
_	Debtor 1 only									
	☑ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		=	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that you did not report as</li></ul>						
	☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt			priority claims						
_				Debts to pension or profit-sharing plans, and other similar debts						
		•	<b>⊻</b> Other.	Specify Student Loans						
	e claim subject to of	ffset?								
<b>∑</b> N □ Ye										
4.22 <b>Dep</b>	t of Ed / Nelnet		Last 4 dig	its of account number 0 0 0 0 0 \$257.00						
Nonp	riority Creditor's Nam	ie	When was	s the debt incurred? 05/25/2010						
	Box 82561			03/23/2010						
Numb	oer Street		An of the	data vary file, the plains in Cheak all that apply						
				As of the date you file, the claim is: Check all that apply.						
	coln, NE 68501-25			☐ Contingent ☐ Unliquidated						
City	S	tate ZII	Code Dispute							
Who	incurred the debt?	Check one.	Time of N	ONDDIODITY						
_	ebtor 1 only			ONPRIORITY unsecured claim:						
	ebtor 2 only		☐ Studen	tioans tions arising out of a separation agreement or divorce that you did not report as						
_	ebtor 1 and Debtor 2	,		claims						
	t least one of the deb			to pension or profit-sharing plans, and other similar debts						
AT C	neck if this claim is	for a community debt	✓ Other.	Specify Student Loans						
Is the	e claim subject to of	ffset?								
<b>₫</b> N	lo									
$\Box$ $\forall$	es									

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Debtor 1	Jose	Jose Paolo Soriano		Case number (if known)						
Debtor 2	Shea	Shea Brianne Soria		iano						
	First Name	Middle Name	Last	Name						
Part	2. Your NONPR	IORITY Unsecured C	laims –	Continuation P	age					
After lis	sting any entries on th	nis page, number them b	eginning	with 4.4, followe	d by 4.5, and so	forth.			Total claim	
4.23 D	ept of Ed / Nelnet			Last 4 digits of account number 0 0 0 0 0 \$242.0  When was the debt incurred? 08/20/2010						
No	onpriority Creditor's Nan	ne								
<u>P</u>	o Box 82561			when was the d	lept incurred?	_	08/20	/2010		
Νι	umber Street	t								
_				As of the date y	ou file, the clain	n is: Ch	neck all	that apply.		
L	incoln, NE 68501-2	561		Contingent						
Ci	ty S	State ZIF	Code	<ul><li>Unliquidated</li><li>Disputed</li></ul>						
w	ho incurred the debt?	Check one.		□ Disputed						
$\checkmark$	Debtor 1 only			Type of NONPR	IORITY unsecur	ed clai	m:			
	Debtor 2 only			☐ Student loans						
	Debtor 1 and Debtor 2		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>							
	At least one of the de	btors and another		Debts to pens		ring pla	ns. and	l other simila	r debts	
$\checkmark$	Check if this claim is		✓ Other. Specif	•	٠.					
ls	the claim subject to o	offset?							-	
	No									
	Yes									
4.24 D										
	Pept of Ed / Nelnet			Last 4 digits of	account number	r <u>0</u>		0 0	\$268.00	
	onpriority Creditor's Nan	ne		When was the d	lebt incurred?		08/16	/2011		
	O Box 82561									
NU	umber Street			As of the date y	ou file the clain	n ie: Ch	oock all	that apply		
				☐ Contingent	ou me, me ciam	ii i <b>s.</b> Oi	ieck all	шасарріу.		
<u>L</u>	incoln, NE 68501-2			☐ Unliquidated						
Ci	ty S	State ZIF	Code	☐ Disputed						
w	ho incurred the debt?	Check one.		•						
	Debtor 1 only			Type of NONPR		ed clai	m:			
$\checkmark$	Debtor 2 only			☐ Student loans				_		
_	Debtor 1 and Debtor 2	•		Obligations a priority claims		paratio	n agree	ment or divo	rce that you did not report as	
	At least one of the de			Debts to pen:		ring pla	ns, and	other simila	r debts	
✓	Check if this claim is	s for a community debt		☑ Other. Specif	y Student Lo	ans			_	
Is	the claim subject to c	offset?						_	-	
$\checkmark$	No									
	Yes									

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Debtor 1	tor 1 Jose Paolo Soriano		Case number (if known)							
Debtor 2 Shea		Brianne	Sc	oriano						
	First Name	Middle Name	Las	t Name						
Part	Your NON	PRIORITY Unsecured	Claims -	- Continuation F	Page					
After li	isting any entries or	n this page, number them	beginnin	g with 4.4, followed by 4.5, and so forth.  Total claim						
4.25	Dept of Ed / Nelne	t		Last 4 digits of account number 0 0 0 0 \$117.00						
N	onpriority Creditor's N	lame		When was the	When was the debt incurred? 08/16/2011					
<u> </u>	Po Box 82561			. Wileii was the t	iest ilicuireu:		00/10/2	011		
N	umber Str	eet				. 0				
_					ou file, the claim	is: Ch	eck all th	at apply.		
<u>L</u>	incoln, NE 68501	-2561		<ul><li>Contingent</li><li>Unliquidated</li></ul>						
С	ity	State Z	IP Code	☐ Disputed						
W	/ho incurred the del	ot? Check one.		•	IODITY					
	Debtor 1 only				IORITY unsecured	d clain	n:			
	Debtor 2 only			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that you did not report as</li></ul>						
	Debtor 1 and Debt	priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts  ☑ Other. Specify Student Loans								
	At least one of the Check if this clair									
	the claim subject to No	o offset?							-	
	Yes									
4.26	Divvy Loans			Last 4 digits of	account number				\$60,296.00	
_	onpriority Creditor's N	lame								
	BILL's			When was the debt incurred?						
_	_	ter Drive suite 100								
_	umber Str				ou file, the claim	is: Ch	eck all th	at apply.		
	Alviso, CA 95002			Contingent						
_	ity	State Z	IP Code	<ul><li>Unliquidated</li><li>Disputed</li></ul>						
٧٨	, /ho incurred the del	at? Chack one		•						
	Debtor 1 only	St. Oncok onc.		_	IORITY unsecure	d clain	n:			
	Debtor 2 only			Student loan					and the transfer of the state of the	
	Debtor 1 and Debtor 2 only			priority claim	• .	aration	agreeme	ent or alvo	rce that you did not report as	
	At least one of the	debtors and another			sion or profit-sharir	ng plar	ns, and of	her simila	r debts	
✓	Check if this clair	n is for a community deb	t	✓ Other. Speci <sup>t</sup>	fy Business De	bts			_	
Is	the claim subject to	o offset?								
	1 No									
	Yes									

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Debtor 1	Jose	Paolo	Soriano	Case number (if known)					
Debtor 2	Shea	Brianne	Soriano						
	First Name	Middle Name	Last Name						
Part 2:	Your NONPRI	IORITY Unsecured Cla	ims — Contir	ıuation Page					
After listi	ng any entries on th	is page, number them be	ginning with 4	.4, followed by 4.5, and so forth.					
4.27 <b>Div</b>	vy Loans		Last 4	digits of account number \$7,938.20					
Nong	priority Creditor's Name	e	When	was the debt incurred?					
BIL	.L's			was the debt incurred:					
622	20 America Center	Drive suite 100	As of	the date you file, the claim is: Check all that apply.					
Num	ber Street			ontingent					
Alv	iso, CA 95002			nliquidated					
City	St	tate ZIP C		sputed					
Who	incurred the debt?	Check one.	Type	of NONPRIORITY unsecured claim:					
<b>1</b>	Debtor 1 only			udent loans					
	Debtor 2 only			☐ Obligations arising out of a separation agreement or divorce that you did not report as					
	Debtor 1 and Debtor 2	? only		priority claims					
	At least one of the deb	otors and another	☐ De	ebts to pension or profit-sharing plans, and other similar debts					
☑ (	Check if this claim is	for a community debt	<b>☑</b> Ot	her. Specify Business Debts					
ls th	e claim subject to of	ffset?							
<b>⊴</b> ⊳	No								
□ \	Yes								
4.28 Div	vy Loans		l ast 4	digits of account number \$12,817.00					
	priority Creditor's Name	e		<u> </u>					
·	.L's		When	was the debt incurred?					
-	20 America Center	Drive suite 100							
Num				the date you file, the claim is: Check all that apply.					
	riso, CA 95002			ontingent					
City		tate ZIP C		nliquidated sputed					
,				sputed					
	incurred the debt?	Check one.	Туре	of NONPRIORITY unsecured claim:					
	Debtor 1 only		☐ Stu	udent loans					
	Debtor 2 only	) and		oligations arising out of a separation agreement or divorce that you did not report as					
	Debtor 1 and Debtor 2	•	_ '	iority claims ebts to pension or profit-sharing plans, and other similar debts					
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt				her. Specify Business Debts					
<b>A</b> (	oneck ii tiiis cidim is	ioi a community debt	Y Ot	ner. Specify business Debts					
	e claim subject to of	ffset?							
☑ 1	No								
	Voc								

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Debtor 1	Jose	Paolo	Soria	no	Case number (if known)	_				
Debtor 2	Shea	Brianne	Soria	no						
	First Name	Middle Name	Last Na	ame						
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Co	ontinuation Pa	nge					
After listin	ng any entries on thi	is page, number them b	eginning w	ith 4.4, followed	l by 4.5, and so forth.	Total claim				
<sup>4.29</sup> East	Eastside Boilers				count number	unknown				
Nonpr	riority Creditor's Name	)	w	hen was the deb	at incurred?					
c/o (	c/o Gregory Pitt									
160	Wildhorse Crk		Δσ	s of the date you	i file, the claim is: Check all that apply.					
Numb	oer Street			Contingent	The, the claim is. Oneok an that apply.					
Buda	a, TX 78610			Unliquidated						
City	Sta	ate ZIP	Code	Disputed						
Who i	incurred the debt?	Check one.	Tv	ne of NONPRIO	RITY unsecured claim:					
<b>₫</b> De	ebtor 1 only			Student loans	r unossarsa sianni					
	ebtor 2 only				ing out of a separation agreement or divorce tha	t you did not report as				
☐ De	Debtor 1 and Debtor 2 only				priority claims					
	<ul> <li>☐ At least one of the debtors and another</li> <li>☑ Check if this claim is for a community debt</li> </ul>				on or profit-sharing plans, and other similar debts  Business Debts					
☐ No ☑ Ye										
4.30 First	t United Bank		La	st 4 digits of acc	count number	\$500,000.00				
Nonpr	riority Creditor's Name	)	W	hen was the deb	at incurred?					
P.O.	BOX 130			nen was the aca						
Numb	per Street		As	s of the date you	I file, the claim is: Check all that apply.					
	OK 74700			Contingent						
City	ant, OK 74702 Sta	ate 7IP	0 - 1 -	Unliquidated						
•				Disputed						
	incurred the debt?	Sheck one.	Ту	pe of NONPRIO	RITY unsecured claim:					
	ebtor 1 only			Student loans						
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only					ing out of a separation agreement or divorce tha	t you did not report as				
	t least one of the debt	,		priority claims						
		for a community debt			on or profit-sharing plans, and other similar debts  Line of Credit					
		•	Y	Other. Specify	Line of Credit					
Is the	claim subject to off	fset?								
<b>√</b> No	0									
□ Ye	95									

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Debtor	r 1	Jose	Paolo	Sc	riano		Case numb	ber (if known)		
Debtor 2		Shea	Brianne	Sc	riano					
		First Name	Middle Name	Las	t Name					
						_				
Pa	rt 2:	Your NONPR	IORITY Unsecured	Claims -	Continuat	ion Page				
After	listing a	ny entries on th	nis page, number them	beginnin	g with 4.4, fo	ollowed by 4.5,	and so fort	th.	Total claim	
4.31	Funding Metrics LLC			Last 4 digits of account number \$81,378.0						
	Nonpriori	ty Creditor's Nam	ne		When was	the debt incu	red?	06/07/2024		
	3220 T	illman Drive S	uite 200				-	00/01/2024		
	Number	Street			A = = £ + b = .	data waw fila th		Charle all that apply		
				Conting	-	ie ciaim is:	Check all that apply.			
	Bensal	em, PA 19020			Unliquid	•				
	City	S	State Z	P Code	Dispute					
	Who inc	urred the debt?	Check one.							
	<b>☑</b> Debt	or 1 only				ONPRIORITY u	nsecured c	laim:		
	☐ Debt	or 2 only			Studen				-t	
	Debtor 1 and Debtor 2 only				<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>					
	At least one of the debtors and another						ofit-sharing p	plans, and other similar debts	3	
	✓ Chec	ck if this claim is	s for a community debt		✓ Other. 5	Specify <b>Busir</b>	ess Debts	<b>S</b>		
	Is the cla	aim subject to o	offset?							
	<b>√</b> No									
	☐ Yes									
4.32	Godsn	eed Talent			Last 4 digi	its of account	number		unknown	
		ty Creditor's Nam	ne		•		-			
	•	n Kulka			When was	the debt incu	red?			
		railside Dr #3								
	Number	Street				•	ne claim is:	Check all that apply.		
		, TX 78704	•		Conting	,				
	City		State Z	P Code	☐ Unliquid☐ Dispute					
	•	urred the debt?			☐ Dispute	tu .				
	₩ Debt		Check one.		Type of NC	ONPRIORITY u	nsecured c	laim:		
	Debt	,			Studen					
		or 1 and Debtor 2	2 only				of a separat	tion agreement or divorce that	at you did not report as	
			btors and another		priority  Debts to		ofit-sharing r	plans, and other similar debts	\$	
			s for a community debt			Specify <b>Busir</b>			-	
	Is the cla	aim subject to o	offset?							
	□ No	<b>,-</b>								
	✓ Yes									

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Debtor 1	Jose	Paolo	Soriano	Case number (if known)					
Debtor 2	Shea	Brianne	Soriano						
	First Name	First Name Middle Name I							
Part 2:	Your NONPRI	ORITY Unsecured Clair	ns — Continuation	Page					
After listin	g any entries on thi	is page, number them begi	ning with 4.4, followed by 4.5, and so forth.  Total claim						
4.33 Horiz	zon Bank		Last 4 digits of a	ccount number unknown	wn				
	iority Creditor's Name	<del></del>	— When was the de	mbt ingurrad?					
600 \	W 5th Street		when was the de	ept incurred?					
Numb	er Street		_						
			-	ou file, the claim is: Check all that apply.					
Aust	in, TX 78701		<ul><li>Contingent</li><li>Unliquidated</li></ul>						
City	Sta	ate ZIP Code	Disputed						
Who i	ncurred the debt?	Check one.	•						
,	ebtor 1 only			ORITY unsecured claim:					
	ebtor 2 only		Student loans						
	ebtor 1 and Debtor 2	only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>						
☐ At	least one of the debt	tors and another							
☑ CH	neck if this claim is	for a community debt	✓ Other. Specify	☑ Other. Specify Business Debts					
Is the	claim subject to off	fset?							
☐ No	-								
☑ No ☑ Ye									
4.34 inKir									
	nd Cards Inc.		Last 4 digits of a	scount number	.60				
•	iority Creditor's Name		When was the de	ebt incurred? 01/31/2024					
inKir	nd Credit Fund LF	,	<del>_</del>						
	Congress Ave 170	00	<ul> <li>As of the date vo</li> </ul>	ou file, the claim is: Check all that apply.					
Numb	er Street		☐ Contingent	,					
Aust	in, TX 78701		Unliquidated						
City	Sta	te ZIP Code	Disputed						
Who i	ncurred the debt?	Check one.	Type of NONDRIG	ORITY unsecured claim:					
<b>₫</b> De	ebtor 1 only								
☐ De	ebtor 2 only		<del>_</del>	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that you did not report as</li></ul>					
☐ De	ebtor 1 and Debtor 2	only	priority claims						
☐ At	least one of the debt	tors and another		ion or profit-sharing plans, and other similar debts					
☑ CI	neck if this claim is	for a community debt	✓ Other. Specify						
Is the	claim subject to off	fset?		<del></del>					
<b>√</b> No	-								
☐ Ye	es								

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Debtor 1	Jose	se Paolo S		Case number (if known)					
Debtor 2	Shea	Brianne	Soriano						
	First Name	Middle Name	Last Name						
	_								
Part 2:	Your NONPRI	ORITY Unsecured Cl	aims — Continua	tion Page					
After listing	g any entries on th	is page, number them b	eginning with 4.4, f	followed by 4.5, and so forth.					
4.35 <b>Itria \</b>	Ventures LLC		Last 4 digi	ts of account number \$318,000.00					
Nonpri	iority Creditor's Name	е	When was	the debt incurred?					
1 Per	nn Plaza #4915								
Numbe	er Street		As of the	late you file, the claim is: Check all that apply.					
			Conting						
New	York, NY 10119		Unliqui						
City	Sta	ate ZIP	Code Dispute						
Who i	ncurred the debt?	Check one.	Type of NO	ONPRIORITY unsecured claim:					
<b>₫</b> De	ebtor 1 only		☐ Studen						
	ebtor 2 only			ions arising out of a separation agreement or divorce that you did not report as					
	ebtor 1 and Debtor 2	,	priority	priority claims					
	least one of the deb	tors and another for a community debt		o pension or profit-sharing plans, and other similar debts Specify <b>Business Debts</b>					
☑ No ☐ Ye									
4.36 Jane	Doe		Last 4 digi	ts of account number unknown					
Nonpri	iority Creditor's Name	е	When was	the debt incurred?					
c/o L	ouie Cook								
653 E	Everhard RD STE	105	As of the	late you file, the claim is: Check all that apply.					
Numbe	er Street		☐ Contino	* * * * * * * * * * * * * * * * * * * *					
Corp	us Christi, TX 78	411	Unliqui	,					
City	Sta	ate ZIP	Code	ed .					
Who i	ncurred the debt?	Check one.	Type of NO	ONPRIORITY unsecured claim:					
	ebtor 1 only		☐ Studen						
☐ De	ebtor 2 only		<del>-</del>	ions arising out of a separation agreement or divorce that you did not report as					
☐ De	ebtor 1 and Debtor 2	only	priority	priority claims					
	least one of the deb			Debts to pension or profit-sharing plans, and other similar debts					
<b>√</b> Ch	neck if this claim is	for a community debt	☑ Other.	Specify Business Debts					
Is the	claim subject to of	fset?							
☐ No	)								
V Ve	s								

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Debtor 1	Jose Paolo Soriano		Soriano	Case number (if known)						
Debtor 2	Shea	Shea Brianne Sor								
	First Name	Middle Name	Last Name							
Part 2	Your NONPRI	ORITY Unsecured CI	aims — Continuat	tion Page						
	ing any entries on thi	is page, number them b	eginning with 4.4, fo	g with 4.4, followed by 4.5, and so forth.  Total claim						
4.37 <b>Je</b> :	susa Bargas		Last 4 dig	its of account numberunknown						
Non	Nonpriority Creditor's Name			the debt incurred?						
c/c	Dario Bargas JR		<u> </u>							
<u>51</u>	14 Balcones Wood	s Drive Ste 307	As of the	date you file, the claim is: Check all that apply.						
Nun	nber Street		☐ Conting							
	stin, TX 78759		Unliqui	dated						
City	St	tate ZIP	Code	ed						
,	incurred the debt?	Check one.	Type of No	ONPRIORITY unsecured claim:						
	Debtor 1 only		☐ Studen	nt loans						
	Debtor 2 only		•	tions arising out of a separation agreement or divorce that you did not report as						
	<ul> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> <li>☑ Check if this claim is for a community debt</li> </ul>		. ,	priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Business Debts						
<b>A</b>										
4.38 <b>JP</b>	MCB - Card Service	es	Last 4 dig	its of account number <u>4 7 2 0</u> \$33,124.00						
Non	priority Creditor's Name	е	When was	the debt incurred? 05/11/2017						
	I N Walnut St									
Nun	nber Street		As of the	date you file, the claim is: Check all that apply.						
		4 4050	Conting							
	Imington, DE 1980		— 🔲 Unliqui							
City			Code Dispute	ed						
	o incurred the debt?	Check one.	Type of NO	ONPRIORITY unsecured claim:						
	Debtor 1 only		☐ Studen							
	Debtor 2 only Debtor 1 and Debtor 2	anh.		tions arising out of a separation agreement or divorce that you did not report as						
	At least one of the deb	,	priority	claims						
		for a community debt		to pension or profit-sharing plans, and other similar debts Specify Credit Card						
le +l	ne claim subject to of	ifset?	G Other.	Gredit Card						
<b>√</b>	·	13011								
_										

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Debtor 1	Jose	Paolo	Sorian	0	Case number (if known)	_
Debtor 2	Shea	Brianne	Sorian	0		
	First Name	Middle Name	Last Nar	ne		
			_			
Part	Your NONPR	IORITY Unsecured Cla	ims — Co	ntinuation Pa	age	
After lis	sting any entries on th	nis page, number them beg	inning wi	h 4.4, followed	d by 4.5, and so forth. Total clair	n
4.39 N	lackay Perry		La	st 4 digits of a	account number unknow	/n
No	onpriority Creditor's Nan	ne	w	hen was the de	lebt incurred?	
<u>c</u>	o Emily Frost					
2	499 S Capital of Tex	xas Hwy	As	of the date vo	ou file, the claim is: Check all that apply.	
N	umber Street	t		Contingent	ou mo, mo dami loi ondak an mak appiy.	
A	ustin, TX 78746			Unliquidated		
Ci	ty S	State ZIP 0	Code $\square$	Disputed		
W	ho incurred the debt?	Check one.	Τv	ne of NONPRI	IORITY unsecured claim:	
✓	Debtor 1 only		_	Student loans		
	Debtor 2 only				rising out of a separation agreement or divorce that you did not report as	
	Debtor 1 and Debtor			priority claims	S	
	At least one of the de	btors and another s for a community debt			sion or profit-sharing plans, and other similar debts y Business Debts	
✓	No Yes					
4.40 N	lartin Amps		La	st 4 digits of a	account number unknow	/n
No	onpriority Creditor's Nan	ne	w	hen was the de	lebt incurred?	
<u>c</u>	/o Austin Kirst				<del></del>	
3	03 Camp Craft Rd.	Suite 325	As	of the date vo	ou file, the claim is: Check all that apply.	
N	umber Street	t		Contingent		
Α	ustin, TX 78746			Unliquidated		
Ci	ty S	State ZIP 0	Code	Disputed		
	ho incurred the debt?	Check one.	Ту	pe of NONPRI	IORITY unsecured claim:	
	Debtor 1 only			Student loans	S	
	Debtor 2 only			Obligations ar	rising out of a separation agreement or divorce that you did not report as	
	Debtor 1 and Debtor	•		priority claims	S	
	At least one of the de	btors and another s for a community debt			sion or profit-sharing plans, and other similar debts y Business Debts	
_	_	•	•	Other. Specify	Dusiliess Debits	
	the claim subject to c	offset?				
	No					
✓	Yes					

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Debtor 1	Jose	Paolo	So	riano	10-1	Case number (if known)	
Debtor 2	Shea	Brianne	So	riano			
	First Name	Middle Name	Las	t Name		_	
Part 2:	Your NONPRI	ORITY Unsecured C	laims –	Continua	tion Page		
After listin	g any entries on thi	is page, number them I	peginnin	g with 4.4, f	ollowed by 4.	5, and so forth.	Total claim
4.41 Micl	hael Sellman			Last 4 die	gits of accoun	nt number	unknown
Nonp	riority Creditor's Nam	ie		When wa	s the debt inc	urred?	
c/o	Boone A. Almanz	a			s the debt me		
230	1 S Capital of Tex	as HWY BLDG H		As of the	date vou file	the claim is: Check all that apply.	
Numb	oer Street			Continu	-	the stant is. One or an that apply.	
Aus	tin, TX 78746			Unliqu	ū		
City	S	tate ZI	P Code	Dispu	ted		
Who	incurred the debt?	Check one.		Type of N	IONPRIORITY	unsecured claim:	
<b>₫</b> D	ebtor 1 only			Stude			
	ebtor 2 only					out of a separation agreement or divorce	e that you did not report as
	ebtor 1 and Debtor 2				y claims		
	t least one of the deb	otors and another s for a community debt				profit-sharing plans, and other similar d	ebts
☐ N							
4.42 Pac	ific Seafood Grou	ıp		Last 4 die	gits of accoun	nt number	\$1,634.44
Nonp	riority Creditor's Nam	ie		Whon wa	s the debt inc	surrad?	
3019	9 NE Interstate 41	0 Loop		. Wileii wa	3 the debt inc		
Numb	oer Street			As of the	date vou file	the claim is: Check all that apply.	
				Contin	•	the stant is. One on an that apply.	
San	Antonio, TX 7821	18		Unliqu	ū		
City	S	tate ZI	P Code	Dispu			
Who	incurred the debt?	Check one.		Type of N	IONPRIORITY	unsecured claim:	
<b>₫</b> D	ebtor 1 only			☐ Stude		unoccurou ciumi.	
	ebtor 2 only			<del></del>		out of a separation agreement or divorce	e that you did not report as
	ebtor 1 and Debtor 2	•			y claims		,
_	t least one of the deb					profit-sharing plans, and other similar d	ebts
⊼ī C	neck if this claim is	for a community debt		✓ Other.	Specify Bus	siness Debts	
	e claim subject to of	ffset?					
<b>∑</b> N							
☐ Y	es						

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Debtor 1	Jose	Paolo	Soriano	C	Case number (if known)	
ebtor 2	Shea	Brianne	Soriano			
	First Name	Middle Name	Last Name			
Part 2:	Your NONPRIC	ORITY Unsecured Clair	ns — Continu	lation Page		
After listing	g any entries on this	s page, number them begi	nning with 4.4	, followed by 4.5, ar	nd so forth.	Total claim
<sup>4.43</sup> Paci	fic Seafood Group	p	Last 4 c	digits of account nu	ımber	\$765.22
Nonpr	riority Creditor's Name	)	When w	vas the debt incurre	ad?	
3019	NE Interstate 410	) Loop		rao ino aobi moano		
Numb	er Street		As of th	o data vou file the	claim is: Check all that apply.	
			Con	- ·	Ciami is. Check all that apply.	
San	Antonio, TX 7821	8		quidated		
City	Sta	ate ZIP Co		•		
Who i	incurred the debt?	Check one.	Type of	NONPRIORITY uns	cooured alaim:	
☑ De	ebtor 1 only			dent loans	secured Claim.	
	ebtor 2 only				f a separation agreement or divorce that yo	ou did not report as
	ebtor 1 and Debtor 2	-		rity claims	a soparation agreement of arreles that ye	a dia notroportao
	least one of the debt	tors and another for a community debt			it-sharing plans, and other similar debts	
1- 41	-1-1	t10		er. Specify Busine		
	claim subject to off	rset?				
☑ No						
☐ Ye	es 					
<sup>4.44</sup> Rica	rdo Alfonso Vega	Castro	Last 4 c	digits of account nu	ımber	unknown
Nonpr	riority Creditor's Name	)	When w	vas the debt incurre	nd2	·
c/o J	John Duff		- vviieli w	vas tile debt iliculie		
719	S Shoreline BLVD	)	As of th	o data vou file the	claim is: Check all that apply.	
Numb	oer Street		— As Or th	•	Ciami is. Check all that apply.	
Corp	ous Christi, TX 78	401		quidated		
City	Sta	ate ZIP Co		•		
Who i	incurred the debt?	Check one.	Type of	NONPRIORITY uns	socured claim:	
<b>⊴</b> D∈	ebtor 1 only			dent loans	secured claim.	
	ebtor 2 only				f a separation agreement or divorce that yo	ou did not report as
	ebtor 1 and Debtor 2	only		gations ansing out of rity claims	i a separation agreement or divorce that yo	ou did fiot report as
☐ At	least one of the debt	tors and another	☐ Deb	ts to pension or profi	it-sharing plans, and other similar debts	
☑ cı	heck if this claim is	for a community debt		er. Specify Busine		
Is the	claim subject to off	fset?				
☐ No	0					
<b>√</b> Ye	es					

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Debtor 1	Jose	Paolo	Soriano	Case no	umber (if known)	
Debtor 2	Shea	Brianne	Soriano			
	First Name	Middle Name	Last Name			
Part 2:	Your NONPRI	ORITY Unsecured CI	aims – Continuat	ion Page		
After listin	ng any entries on thi	is page, number them be	eginning with 4.4, fo	llowed by 4.5, and so	forth.	Total claim
4.45 Rich	n Gottbrath		Last 4 digit	s of account number		\$115,000.00
Nonpr	riority Creditor's Name	Э	When was f	he debt incurred?	08/23/2024	
1602	2 S 3rd			o dost modifical	00/23/2024	
Numb	oer Street		As of the d	ate you file, the claim i	s. Chack all that annly	
			Continge	-	3. Oneck all that apply.	
Aust	tin, TX 78704		— Unliquid			
City	Sta	ate ZIP (	Code Disputed			
Who i	incurred the debt?	Check one.		NDDIODITY		
<b>₫</b> De	ebtor 1 only			NPRIORITY unsecured	i ciaim:	
☐ De	ebtor 2 only		☐ Student			A
	ebtor 1 and Debtor 2	only	priority o	•	aration agreement or divorce tha	it you did not report as
☐ At	t least one of the debt	tors and another			ng plans, and other similar debts	i
☑ c	heck if this claim is	for a community debt		pecify Business Del		
Is the	e claim subject to of	fset?				
<b>∑</b> No	•					
☐ Ye						
4.40						
— Kyai	n Keas		Last 4 digits	s of account number		\$41,000.00
•	riority Creditor's Name		When was t	he debt incurred?	08/16/2023	
	1 S I35 Frontage R	Rd 621				
Numb	per Street		As of the de	ate you file, the claim i	e: Chack all that apply	
				•	s. Offect all that apply.	
Aust	tin, TX 78744		☐ Continge ☐ Unliquid			
City	Sta	ate ZIP 0	Code Disputed			
Who i	incurred the debt?	Check one.	•			
<b>√</b> D∈	ebtor 1 only			NPRIORITY unsecured	d claim:	
☐ De	ebtor 2 only		☐ Student			
☐ De	ebtor 1 and Debtor 2	only	•	•	ration agreement or divorce tha	t you did not report as
☐ At	t least one of the debt	tors and another	priority o		ng plans, and other similar debts	
☑ cı	heck if this claim is	for a community debt		pecify <b>Business Del</b>		
Is the	e claim subject to of	fset?				
<b>∑</b> No						
☐ Ye						
,						

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Debto	or 1	Jose	Paolo	Sc	riano	10-	Case number (if known)	
Debto	or 2	Shea	Brianne	Sc	oriano			
		First Name	Middle Name	Las	t Name		•	
	art 2:	Va NONDR	NODITY II	Cla!	Cantinual	ian Dana		
			RIORITY Unsecured					
	r listing a	any entries on th	his page, number them	beginnin	g with 4.4, fo	ollowed by 4.5	5, and so forth.	Total claim
4.47		DMalley			Last 4 digi	ts of account	number	\$10,000.00
	•	ity Creditor's Nan	ne		When was	the debt incu	urred?	
		h street			ı			
	Number	Street	l		As of the o	date you file,	the claim is: Check all that apply.	
		an Danah CA	00054		☐ Conting	gent		
	City	sa Beach, CA		IP Code	Unliquio			
	,	_		ii oode	☐ Dispute	ed		
	,	curred the debt?	Check one.		Type of NO	ONPRIORITY	unsecured claim:	
		tor 1 only tor 2 only			Studen			
		tor 1 and Debtor	2 only		Obligat priority		at of a separation agreement or divorce that you	did not report as
			btors and another				profit-sharing plans, and other similar debts	
	☑ Che	ck if this claim is	s for a community deb	t			iness Debts	
	Is the cl	aim subject to c	offset?					
	✓ No	•						
	Yes							
4.48	Samue	el Coon			Last 4 digi	ts of account	number	\$55,000.00
		ity Creditor's Nan	ne				<del></del>	400,000.00
	3939 B	see Cave Road	I		When was	the debt incu	urred?	
	Number	Street	t		,			
						•	the claim is: Check all that apply.	
	Austin	, TX 78746			Conting Unliquid	,		
	City		State Z	IP Code	Dispute			
	Who inc	urred the debt?	Check one.			NIDDIODITY		
	<b>☑</b> Debt	tor 1 only			☐ Studen		unsecured claim:	
	Debt	tor 2 only					It of a separation agreement or divorce that you	did not report as
	_	tor 1 and Debtor	•		priority		it of a separation agreement of divorce that you	did flot report as
			btors and another				rofit-sharing plans, and other similar debts	
	✓ Che	ck if this claim is	s for a community deb	t	☑ Other.	Specify Bus	iness Debts	
	Is the cl	aim subject to c	offset?					
	<b>√</b> No							
	Yes							

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Debtor 1	Jose	Paolo	Soriano	Case number (if known)
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	
<b>-</b>	<b>-</b> v veve			
Part 2:	Your NONPRI	ORITY Unsecured C	aims — Contin	uation Page
	g any entries on thi	is page, number them b	eginning with 4.	4, followed by 4.5, and so forth. Total claim
4.49 <b>Sofi</b>	Bank		Last 4	digits of account number <u>L 1 5 8</u> \$78,335.00
Nonpr	riority Creditor's Name	е	When	was the debt incurred? 11/16/2023
2750	E Cottonwood P	kwy		11/10/2023
Numb	er Street			
				he date you file, the claim is: Check all that apply.
Salt	Lake City, UT 841	121		ntingent iquidated
City	St	tate ZIP	Code Dis	•
Who i	incurred the debt?	Check one.		•
☐ De	ebtor 1 only			f NONPRIORITY unsecured claim:
<b>₫</b> De	ebtor 2 only			dent loans
	ebtor 1 and Debtor 2	,		ligations arising out of a separation agreement or divorce that you did not report as ority claims
	least one of the deb	tors and another for a community debt	_ '	ots to pension or profit-sharing plans, and other similar debts
☑ No ☐ Ye				
4.50 Syso	co Credit Departn	nent	Last 4	digits of account number \$2,257.77
Nonpr	riority Creditor's Name	е	When	was the debt incurred?
2130	Queens Chapel	Rd		was the dept incurred:
Numb	er Street		As of t	he date you file, the claim is: Check all that apply.
				ne date you me, the claim is: Oneck all that apply.
Was	hington, DC 2001	8		iquidated
City	St	tate ZIP	Code Dis	•
Who i	incurred the debt?	Check one.	Tuno o	A NONDRIORITY unacquired eleims
<b>√</b> D∈	ebtor 1 only			f NONPRIORITY unsecured claim: dent loans
_	ebtor 2 only		=	ligations arising out of a separation agreement or divorce that you did not report as
	ebtor 1 and Debtor 2		pric	prity claims
	least one of the deb			ots to pension or profit-sharing plans, and other similar debts
⊼ī Ci	heck if this claim is	for a community debt	<b>☑</b> Oth	er. Specify Business Debts
Is the	claim subject to of	fset?		
<b>₫</b> No	0			
☐ Ye	es			

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Debtor 1	Jose	Paolo	Soriano	Case number (if known)
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	
Part 2:	Your NONPRI	ORITY Unsecured CI	aims — Continua	tion Page
After listin	g any entries on thi	is page, number them b	eginning with 4.4, f	followed by 4.5, and so forth. Total claim
4.51 Sys	co Credit Departn	ment	Last 4 dig	gits of account number \$1,186.24
Nonpi	riority Creditor's Nam	e	When wa	s the debt incurred?
2130	0 Queens Chapel	Rd		
Numb	oer Street		As of the	date you file, the claim is: Check all that apply.
			Contin	* * *
Was	hington, DC 2001	18	Unliqu	
City	S	tate ZIP	Code Dispu	
Who	incurred the debt?	Check one.	Toma of N	IONIDDIODITY unaccounted claims
<b>₫</b> D	ebtor 1 only		lype of N ☐ Stude	IONPRIORITY unsecured claim:
☐ D	ebtor 2 only			ations arising out of a separation agreement or divorce that you did not report as
☐ D	ebtor 1 and Debtor 2	2 only	•	y claims
☐ At	t least one of the deb	otors and another	Debts	to pension or profit-sharing plans, and other similar debts
<b>√</b> c	heck if this claim is	for a community debt	✓ Other.	. Specify Business Debts
le the	e claim subject to of	ffeet?		
☑ N	•	iioet:		
<u>▼</u> N				
4.52 Univ	versity Federal Cr	redit Union	Last 4 dig	gits of account number 0 1 7 2 \$1,850.00
Nonp	riority Creditor's Nam	ie	When we	s the debt incurred? 03/10/2009
8303	3 N MOPAC EXPY	•	when wa	s the debt incurred? 03/10/2009
Numb	oer Street			
			As of the	date you file, the claim is: Check all that apply.
Aus	tin, TX 78759		☐ Contir	
City	•	tate ZIP	Code Unliqu	
Who	incurred the debt?	Chack one	☐ Dispu	ted
	ebtor 1 only	Official official	Type of N	IONPRIORITY unsecured claim:
	ebtor 2 only		☐ Stude	nt loans
	ebtor 1 and Debtor 2	only	Obliga	ations arising out of a separation agreement or divorce that you did not report as
_	t least one of the deb	,		y claims
		for a community debt		to pension or profit-sharing plans, and other similar debts
		•	<b>⊻</b> Other	. Specify Credit Card
	e claim subject to of	ffset?		
<b>√</b> N				
☐ Ye	es			

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Debtor '	1 Jose	Paolo	Soriano	Case number (if known)
Debtor 2	2 Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	
Par	Your NONPR	IORITY Unsecured C	claims — Continuation	Page
				wed by 4.5, and so forth. Total claim
	/eraBank, National A		Last 4 digits of	f account number 0 1 0 5 \$118,000.00
	I111 W 6th Street, 20		When was the	debt incurred? 04/12/2024
_	umber Street			
11	difficer Street		As of the date	you file, the claim is: Check all that apply.
_	A		Contingent	, , , , , , , , , , , , , , , , , , , ,
_	Austin, TX 78703 lity S	tate ZIP	Code Unliquidated	d
	,		☐ Disputed	
	/ho incurred the debt?	Check one.	Type of NONP	RIORITY unsecured claim:
	Debtor 1 only		☐ Student loar	
	Debtor 2 only Debtor 1 and Debtor 2	2 only	=	arising out of a separation agreement or divorce that you did not report as
	At least one of the del		priority clain	
_	<del>_</del> ,	s for a community debt		nsion or profit-sharing plans, and other similar debts ify Business Debts
<u>v</u>	the claim subject to o  No Yes	ffset?		
4.54	/eraBank, National A	Association	Last 4 digits of	f account number 1 3 7 1 \$143,000.00
N	onpriority Creditor's Nam	ne	When was the	debt incurred? 11/03/2022
_1	1111 W 6th Street, 20	0		11/03/2022
N	umber Street		As of the date	you file, the claim is: Check all that apply.
_	Austin, TX 78703		☐ Contingent	
_	•	tate ZIP	Code Unliquidated	b
W	/ho incurred the debt?	Check one	☐ Disputed	
	Debtor 1 only		Type of NONPI	RIORITY unsecured claim:
	Debtor 2 only		Student loan	
	Debtor 1 and Debtor 2	2 only	•	arising out of a separation agreement or divorce that you did not report as
_	At least one of the del		priority clain  Debts to pe	nsion or profit-sharing plans, and other similar debts
₹	Check if this claim is	s for a community debt		ify Business Debts
	the claim subject to o	ffset?		
	<b>1</b> No			
	Yes			

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Debtor 1	Jose	Paolo	Sor	iano	Case n	umber	(if knov	vn)		
Debtor 2	Shea	Brianne	Sor	iano						
	First Name	Middle Name	Last I	Name						
Part 2:	Your NONPRI	ORITY Unsecured C	laims —	Continuation Page						
After listing	any entries on thi	s page, number them b	peginning	with 4.4, followed by	4.5, and so	forth.				Total claim
4.55 Veral	Bank, National A	ssociation		Last 4 digits of acco	unt number	3	6	5 4		\$82,000.00
Nonpri	ority Creditor's Name	е		When was the debt i	n a urra d 2		07/00	·/oooo	•	
1111	W 6th Street, 200	)		when was the debt i	ncurreur		0//28	3/2023	_	
Numbe	er Street									
				As of the date you fi	e, the claim	is: Ch	eck all	that app	oly.	
Austi	in, TX 78703		_	Contingent						
City	•	ate ZIF	Code	<ul><li>Unliquidated</li><li>Disputed</li></ul>						
Who in	ncurred the debt?	Check one.								
<b>₫</b> De	btor 1 only			Type of NONPRIORI	TY unsecure	ed clair	m:			
☐ De	btor 2 only			Student loans						
☐ De	btor 1 and Debtor 2	only		Obligations arising	out of a sep	paration	n agree	ement or	divorce that you o	did not report as
☐ At	least one of the deb	tors and another		priority claims  Debts to pension of	or profit-shari	ina nlai	ns and	l other si	imilar dehts	
☑ Ch	eck if this claim is	for a community debt		✓ Other. Specify B	•		no, and	oution of	Tillar debis	
Is the	claim subject to of	fset?								
<b>₫</b> No										
☐ Yes	S									

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Deb	tor 1	Jose	Paolo	So	riano (	Case number (if known)
Deb	tor 2	Shea	Brian	ne So	riano	
		First Name	Middle	Name Last	Name	
į.	Part 3:	List Others t	o Be Notifie	d About a Debt	That You Already Listed	
5.	collection	n agency is tryin ere. Similarly, if	g to collect fro you have mor	om you for a debt y e than one credito	you owe to someone else, li r for any of the debts that yo	t that you already listed in Parts 1 or 2. For example, if a st the original creditor in Parts 1 or 2, then list the collection ou listed in Parts 1 or 2, list the additional creditors here. If t fill out or submit this page.
1.	Nichola	s J. Zabala, La	w Office LLC	;	On which entry in Part 1 o	or Part 2 did you list the original creditor?
	Name P.O. Box	x 1359			Line 4.31 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account n	umber
	Bensale	em, PA 19020				
	City	<u> </u>	State	ZIP Code		
2.	Blake R	asner			On which entry in Part 1 c	or Part 2 did you list the original creditor?
	Name				Line 4.33 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
	100 N R	itchie Road #2	00		Line or (Check one):	☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account n	umber
	Woodwa	ay, TX 76712				
	City	uy, 17 10112	State	ZIP Code		
3.	Nathan	Richardson			On which entry in Part 1 o	or Part 2 did you list the original creditor?
	Name					☐ Part 1: Creditors with Priority Unsecured Claims
	ATTN: C	Counsel for Itria	a Ventures		Line 4.35 of (Check one):	✓ Part 2: Creditors with Nonpriority Unsecured Claims
	1415 Lo	uisiana Street	Suite 2100		Loot 4 digits of secount n	
	Number	Street			Last 4 digits of account n	umber
	Houston	n, TX 77002				
	City		State	ZIP Code		
4.	Greenbe	erg, Grant & Ri	ichards Inc		On which entry in Part 1 o	or Part 2 did you list the original creditor?
	Name				Line 4.50 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
		estheimer Roa	d Suite 500		Line or (Greek one).	☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account n	umber
						<del></del>
		n, TX 77057	01-1	710.0- 1		
	City		State	ZIP Code		

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 Debtor 1
 Jose
 Paolo
 Soriano
 Case number (if known)

 Debtor 2
 Shea
 Brianne
 Soriano

 First Name
 Middle Name
 Last Name

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

					Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.		\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.		\$157,212.76
	6c.	Claims for death or personal injury while you were intoxicated	6c.		\$0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00
	6e.	Total. Add lines 6a through 6d.	6e.	•	\$157,212.76
					-
				ļ	
				!	Total claim
	6f.	Student loans	6f.	!	Total claim \$11,512.95
Total claims from Part 2	6f. 6g.	Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	1	
		Obligations arising out of a separation agreement or			\$11,512.95
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other	6g.	+	\$11,512.95 \$0.00

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Fill in this information	to identify your case	:		
Debtor 1	Jose	Paolo	Soriano	
	First Name	Middle Name	Last Name	_
Debtor 2	Shea	Brianne	Soriano	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankı	ruptcy Court for the:	w	estern District	of Texas
Case number (if known)				

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with	whom you ha	ve the contract or lease	State what the contract or lease is for
2.1	Public S	Storage			Storage Unit Contract to be ASSUMED
	Name				
	1507 W	William Canr	non Dr		
	Number	Street			
		TX 78745			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	

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Fill in this inform	ation to identify your ca	ise:						
Debtor 1	Jose	Paolo	Sorian	0				
	First Name	Middle Name	Last Nan	ne				
Debtor 2	Shea	Brianne	Sorian	0				
(Spouse, if filing)	First Name	Middle Name	Last Nan	ne				
United States E	Bankruptcy Court for the	e: Western	<u> </u>	District of	Texas	_		
Case number								Check if
(if known)							_	amended

#### Official Form 106H

#### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

knowi	n). Answer every question.		
1.	Do you have any codebtors? (If you are filing a joint case, do not lis   ✓ No  ☐ Yes	t either spouse as a	codebtor.)
2.	Within the last 8 years, have you lived in a community property s California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texa	• `	
	□ No. Go to line 3.	<b>3</b> ,	,
	Yes. Did your spouse, former spouse, or legal equivalent live with	you at the time?	
	□ No	•	
	✓ Yes. In which community state or territory did you live?	Texas	Fill in the name and current address of that person.
	Soriano, Shea Brianne		
	Name of your spouse, former spouse, or legal equivalent		
	5905 Leisure Run Rd		
	Number Street		
	Austin, TX 78745-3924		
		IP Code	
	☑ Yes. In which community state or territory did you live?	Texas	. Fill in the name and current address of that person.
	Soriano, Jose Paolo		
	Name of your spouse, former spouse, or legal equivalent		
	5905 Leisure Run Rd		
	Number Street		
	Austin, TX 78745-3924		
	City State Z	IP Code	
3.	In Column 1, list all of your codebtors. Do not include your spour 2 again as a codebtor only if that person is a guarantor or cosign Schedule E/F (Official Form 106E/F), or Schedule G (Official Form	er. Make sure you h	nave listed the creditor on Schedule D (Official Form 106D),
	Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt
			Check all schedules that apply:
3.1			
	Name		☐ Schedule D, line
			Schedule E/F, line
	Number Street		☐ Schedule G, line
	Cit.	710.0-1	-
	City State	ZIP Code	

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Debtor	1	Jose	Paolo	Soriano	Ca	ase number (if known)
Debtor 2		Shea	Brianne	Soriano		
		First Name	Middle Name	Last Name		
		Additional Pa	ge to List More Cod	ebtors		
	Column	1: Your codebto	r			Column 2: The creditor to whom you owe the debt
						Check all schedules that apply:
3.2						
	Name					☐ Schedule D, line
						☐ Schedule E/F, line
	Number	r	Street			☐ Schedule G, line
	City		State		ZIP Code	•

Official Form 106H Schedule H: Codebtors page 2 of 2

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			104		_
Fil	in this information to identify y	our case:			
_	ebtor 1 <b>Jose</b>	Paolo	Soriano		
	First Name		Last Name		
D	ebtor 2 Shea	Brianne	Soriano		
(5	Spouse, if filing) First Name	e Middle Name	Last Name		Check if this is:
U	nited States Bankruptcy Court	for the: West	tern District of Texas	_	☐ An amended filing
С	ase number				□ A supplement showing postpetition chapter 13 income as of the following date
(it	known)				
				<u> </u>	MM / DD / YYYY
Of	ficial Form 106I				
S	chedule I: Your	Income			12/15
					oth are equally responsible for supplying correct
	rt 1: Describe Employme	,	, , , , , , , , , , , , , , , , , , ,		
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
	If you have more than one job	o, Employment status	☐ Employed <b>☑</b> Not Employe	ed	☑ Employed ☐ Not Employed
	attach a separate page with information about additional	Occupation			
	employers.	Occupation			
	Include part time, seasonal, o	Employer's name			PwC US Group LLP
	self-employed work.	Employer's address			PO Box Box 30004
	Occupation may include stude or homemaker, if it applies.	ent	Number Street		Number Street
	, 11				
					Tampa, FL 33630
			City State	Zip Code	City State Zip Code
		How long employed th	ere?		
Dr	art 2: Give Details About	Monthly Income			
1 6	It 2. Give Details About	Monthly income			
	Estimate monthly income as unless you are separated.	of the date you file this form	. If you have nothing to report for ar	ny line, write	\$0 in the space. Include your non-filing spouse
	If you or your non-filing spous more space, attach a separat		ver, combine the information for all e	employers fo	r that person on the lines below. If you need
			For	Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, so deductions.) If not paid month	alary, and commissions (beformly, calculate what the monthly	. ,	\$0.00	\$10,870.84_
3.	Estimate and list monthly ov	ertime pay.	3. +	\$0.00	+\$0.00_

\$0.00

\$10,870.84

4. Calculate gross income. Add line 2 + line 3.

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 Debtor 1
 Jose
 Paolo
 Soriano

 Debtor 2
 Shea
 Brianne
 Soriano

 First Name
 Middle Name
 Last Name

Case number (if known)

				For Debtor 1		or Debtor 2 or on-filing spouse		
	Copy line 4 here→	4.		\$0.00		\$10,870.84		
5.	List all payroll deductions:			_			•	
	5a. Tax, Medicare, and Social Security deductions	5a.		\$0.00	_	\$2,096.69	_	
	5b. Mandatory contributions for retirement plans	5b.		\$0.00	_	\$0.00	_	
	5c. Voluntary contributions for retirement plans	5c.		\$0.00	_	\$553.99	_	
	5d. Required repayments of retirement fund loans	5d.		\$0.00	_	\$0.00	_	
	5e. Insurance	5e.		\$0.00	_	\$923.18	_	
	5f. Domestic support obligations	5f.		\$0.00		\$0.00	_	
	5g. Union dues	5g.		\$0.00		\$0.00	•	
	5h. Other deductions. Specify: See additional page	5h.	+_	\$0.00	+	\$515.13		
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.		\$0.00	-	\$4,088.99		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	_	\$0.00	_	\$6,781.85	•	
7 . 8.	List all other income regularly received:	7.	_	Ψ0.00	_	ψο,: σ : ισσ	•	
0.	8a. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		\$0.00		\$0.00		
	monthly net income.	8a.	_	\$0.00	-	\$0.00 \$0.00	-	
	8b. Interest and dividends	8b.	_	<del>\$0.00</del>	-	φυ.υυ	•	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	_	\$0.00	_	\$0.00	-	
	8d. Unemployment compensation	8d.	_	\$0.00	_	\$0.00		
	8e. Social Security	8e.	_	\$0.00	_	\$0.00	-	
	8f. Other government assistance that you regularly receive							
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	Specify:	8f.		\$0.00	_	\$0.00	-	
	8g. Pension or retirement income	8g.		\$0.00		\$0.00	-	
	8h. Other monthly income. Specify: See additional page	8h.	+_	\$1,000.00	+_	\$0.00	<u>.</u>	
					_		_	
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.		\$1,000.00	Ļ.	\$0.00		
10.	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	_	\$1,000.00	+	\$6,781.85	<u>i</u> =	\$7,781.85
11.	State all other regular contributions to the expenses that you list in Sched	lule J.						
	Include contributions from an unmarried partner, members of your household friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that a		•		,			
	Specify:					1	11. <b>+</b>	\$0.00
12	Add the amount in the last column of line 10 to the amount in line 11. The	result is	the co	ombined monthly	— income			<del></del>
12.	amount on the Summary of Your Assets and Liabilities and Certain Statistical			•	mooni		12.	\$7,781.85 Combined
13.	Do you expect an increase or decrease within the year after you file this form.  ☐ Yes Explain:	orm?						monthly income

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Debtor 1 Jose Paolo Soriano
Debtor 2 Shea Brianne Soriano
First Name Middle Name Last Name

Case number (if known)

	Amount
5h. Other Deductions For Debtor 2 or non-filing spouse	
Recognition Rew	\$95.00
Well Being Rew	\$30.00
Wellness (iFit)	\$9.99
Vision Plan	\$8.00
Dental	\$41.00
401k Roth	\$170.65
Group Legal	\$17.50
Vol Ben Hos Ind	\$12.60
Vol Ben Crit II	\$10.42
Vol Ben Acc Ins	\$15.12
401k Loan 1	\$104.85
8h. Other monthly income For Debtor 1	
Side Job - Choice Roofing, LLC - paid through Zelle	\$1,000.00
8h. Other monthly income For Debtor 2 or non-filing spouse	
401k Loan withdrawal	\$0.00
Commission from accessories sold - The ReelReel	\$0.00

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Jose **Paolo** Soriano Debtor 1 Brianne Debtor 2 Shea Soriano Case number (if known). First Name Middle Name Last Name 8a. Attached Statement 1806 E. 12th Street LLC (Skinny's) FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 1. Gross Monthly Income: \$0.00 PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition **Business Debts** TOTAL PAYMENTS TO SECURED CREDITORS \$0.00 Other Expenses TOTAL OTHER EXPENSES \$0.00 \$0.00 4. TOTAL MONTHLY EXPENSES(Add item 2 - 21) PART C - ESTIMATED AVERAGE NET MONTHLY INCOME: 5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$0.00

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Fill in this information	to identify your case:			
Debtor 1	Jose	Paolo	Soriano	Check if this is:
	First Name	Middle Name	Last Name	
Debtor 2	Shea	Brianne	Soriano	<ul><li>✓ An amended filing</li><li>✓ A supplement showing postpetition chapter 13</li></ul>
(Spouse, if filing)	First Name	Middle Name	Last Name	expenses as of the following date:
United States Bankı	ruptcy Court for the:	W	estern District of Texas	
Case number				MM / DD / YYYY
(if known)				

### Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household	d					
1. Is this a joint case?						
No. Go to line 2.  Yes. Does Debtor 2 live in a sep  No Pes. Debtor 2 must file	arate household?  Official Form 106J-2, Expenses for	r Separate Household of Debtor 2.				
Do you have dependents?  Do not list Debtor 1 and	□ <sub>No</sub> ✓ Yes. Fill out this information	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's	Does dependent live		
Debtor 2.  Do not state the dependents'	for each dependent	Child	age 1	with you?  _ □ No. ☑ Yes.		
names.				_		
				_ □ No. □ Yes.		
				_ No. ☐ Yes.		
			-	_ No. ☐ Yes.		
Do your expenses include expenses of people other than yourself and your dependents?	<b>☑</b> No □ <sub>Yes</sub>					
Part 2: Estimate Your Ongoing N	Monthly Expenses					
Estimate your expenses as of your bar date after the bankruptcy is filed. If this						
Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)						
The rental or home ownership experience for the ground or lot.	\$3,377.00					
If not included in line 4:						
4a. Real estate taxes			4a	\$0.00		
4b. Property, homeowner's, or rent	er's insurance		4b	\$0.00		
4c. Home maintenance, repair, and	d upkeep expenses		4c	\$100.00		
4d. Homeowner's association or co	4d	\$0.00				

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 Debtor 1
 Jose
 Paolo
 Soriano

 Debtor 2
 Shea
 Brianne
 Soriano

 First Name
 Middle Name
 Last Name

	Υ	our expenses
5. Additional mortgage payments for your residence, such as home equity loans	5. <u> </u>	\$0.00
5. Utilities:		
6a. Electricity, heat, natural gas	6a	\$280.00
6b. Water, sewer, garbage collection	6b	\$150.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$415.00
6d. Other. Specify:	6d	\$0.00
7. Food and housekeeping supplies	7.	\$1,100.00
Childcare and children's education costs	8	\$0.00
Clothing, laundry, and dry cleaning	9.	\$0.00
Personal care products and services	10.	\$87.00
Medical and dental expenses	11.	\$0.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>	12. <u> </u>	\$150.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u> </u>	\$0.00
Charitable contributions and religious donations	14	\$0.00
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$942.42
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$387.87
15d. Other insurance. Specify:	15d	\$0.00
6. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16.	\$0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1 2022 BMW x5	17a	\$1,561.89
17b. Car payments for Vehicle 2 <b>2024 Chevrolet Silverado 1500</b>	17b	\$1,130.67
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:	17d	\$0.00
<ol> <li>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</li> </ol>	18	\$0.00
19. Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00
0. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	me.	
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d	\$0.00
20e. Homeowner's association or condominium dues	20e	\$0.00

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Debtor 1 Debtor 2		Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if know)	Case number (if known)				
		First Name	Middle Name	Last Name		,				
21.	Other. Spec	cify: See Additi	ional Page	_	21. +	\$343.46				
22.	Calculate y	our monthly exp	enses.							
	22a. Add lir	nes 4 through 21.			22a	\$10,025.31				
	22b. Copy I	ine 22 (monthly e	expenses for Debtor 2),	f any, from Official Form 106J-2	22b	\$0.00				
	22c. Add lir	ne 22a and 22b. 1	The result is your month	y expenses.	22c	\$10,025.31				
23.	Calculate y	our monthly net	income.							
	23a. Copy I	ine 12 (your com	bined monthly income) t	rom Schedule I.	23a. <u> </u>	\$7,781.85				
	23b. Copy	your monthly exp	enses from line 22c abo	ve.	23b	\$10,025.31				
	23c. Subtra	ct your monthly e	expenses from your mor	thly income.						
	The re	esult is your <i>mont</i>	thly net income.		23c	(\$2,243.46)				
24.	Do you exp	ect an increase	or decrease in your exp	enses within the year after you fi	le this form?					
				car loan within the year or do you of a modification to the terms of y						
	✓ No. ☐ Yes.									

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 Debtor 1
 Jose
 Paolo
 Soriano

 Debtor 2
 Shea
 Brianne
 Soriano

 First Name
 Middle Name
 Last Name

	Amount
6c. Telephone, cell phone, Internet, satellite, and cable services	
Cable/Internet	\$250.00
Cell Phone	\$165.00
21. Other	
Subscriptions	\$100.00
Shea Student Loans	\$243.46

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Fill in this information to identify your case:									
Debtor 1	Jose	Paolo	Soriano						
	First Name	Middle Name	Last Name						
Debtor 2 (Spouse, if filing)	Shea	Brianne	Soriano						
	First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:		w	estern District	of Texas					
Case number (if known)									

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your origin new <i>Summary</i> and check the box at the top of this page.	al forms, you must fill out a
Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$544,523.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$182,905.15
1c. Copy line 63, Total of all property on Schedule A/B	\$727,428.15
Part 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$631,680.90
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$457.040.7C
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$157,212.76
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$3,420,802.36
Your total liabilities	\$4,209,696.02
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$7,781.85
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$10,025.31

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Soriano

Debtor 2	Shea	Brianne	Soriano	Case number	(if known)				
	First Name	Middle Name	Last Name						
Part 4: Ansv	wer These Ques	tions for Administr	ative and Statistical Rec	cords					
6. Are you filin	g for bankruptcy u	nder Chapters 7, 11, or	13?						
☐ No. You	have nothing to rep	ort on this part of the fo	orm. Check this box and submi	t this form to the court with your other	er schedules.				
<b>√</b> Yes									
7. What kind of	f debt do you have	?							
☐ Your del	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal,								
family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.									
Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.									
8 From the Sta	atement of Your Cu	ırrent Monthly Income	Copy your total current month	ly income from Official					
		122B Line 11; <b>OR</b> , For		ly modific from Omolai					
9. Copy the fol	lowing special cate	egories of claims from	Part 4, line 6 of Schedule E/F:						
				Total claim					
From Dow	t 4 am Cabadula E/F	- convethe fellowing.							
From Pan	t 4 on Schedule E/F	F, copy the following:							
9a Domes	tic support obligatio	ons (Conviline 6a.)							
a. Domes	iic support obligatio	ins (Copy line oa.)							
9b. Taxes a	and certain other de	ebts you owe the govern	nment. (Copy line 6b.)						
9c. Claims	for death or person	al injury while you were	e intoxicated. (Copy line 6c.)						
9d. Studen	t loans. (Copy line 6	6f.)							
	( 1)	,							
On Ohlimati									
	Copy line 6g.)	separation agreement	or divorce that you did not rep	ort as priority					
9f. Debts to	pension or profit-s	haring plans, and other	r similar debts. (Copy line 6h.)	1					
		51 - 5,	(52)	т					
9g. <b>Total</b> . A	Add lines 9a through	n 9f.							

Debtor 1

Jose

Paolo

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Fill in this information	n to identify your case			
Debtor 1	Jose	Paolo	Soriano	
	First Name	Middle Name	Last Name	
Debtor 2	Shea	Brianne	Soriano	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	W	estern District of	Texas
Case number (if known)				

#### Official Form 106Dec

#### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NC	OT an attorney to help you fill out bankruptcy forms?
✓No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
X /s/ Jose Paolo Soriano Jose Paolo Soriano, Debtor 1	X /s/ Shea Brianne Soriano Shea Brianne Soriano, Debtor 2
Date 12/20/2024 MM/ DD/ YYYY	Date <u>12/20/2024</u> MM/ DD/ YYYY

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Fill in this information	n to identify your case	:		
Debtor 1	Jose	Paolo	Soriano	
	First Name	Middle Name	Last Name	
Debtor 2	Shea	Brianne	Soriano	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	w	estern District	of Texas
Case number				
(if known)				

### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Married					
Not married					
uring the last 3 years	s, have you lived anywhe	ere other than where you li	ive now?		
<b>1</b> No					
Yes. List all of the pl	laces you lived in the last	3 years. Do not include w	here you live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
			Same as Debtor 1		Same as Debtor 1
		From	N		_ From
umber Street		To	Number Street		To
		<b>-</b>			_
ty	State ZIP Code		City	State ZIP Code	-
			☐ Same as Debtor 1		Same as Debtor 1
umber Street		From	Number Street		_ From
umber Street		To	Number Street		To
ty	State ZIP Code	_	City	State ZIP Code	-
lithin the last 8 years	did you ever live with a	snouse or legal equivaler	nt in a community property	state or territory?(Com	munity property states a
			, Puerto Rico, Texas, Wash		manny property etates a

#### 

First Name Middle N	lame Last Name			.,,
art 2: Explain the Sources of Your	Income			
B. Did you have any income from employmer. If in the total amount of income you receive f you are filing a joint case and you have income.  No	ed from all jobs and all busin	esses, including part-time a	ctivities.	ears?
Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$111,766.72	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	
For last calendar year: (January 1 to December 31, 2023  YYYY	✓ Wages, commissions, bonuses, tips ✓ Operating a business	\$96,309.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2022  YYYYY	✓ Wages, commissions, bonuses, tips  ☐ Operating a business	\$140,000.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
i. Did you receive any other income during include income regardless of whether that in bublic benefit payments; pensions; rental include income that of income that with the income that with the income that with the income that income that with the income that income that with the income that with the income that income that with the income that income that with the income that with the income during the	ncome is taxable. Examples come; interest; dividends; mo	of other income are alimony oney collected from lawsuits		
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, 2023  YYYYY				
For the calendar year before that: (January 1 to December 31, 2022 YYYY				

Debtor 1

Debtor 2

#### 24-11614-cgb Doc#1 Filed 12/20/24 Entered 12/20/24 16:36:24 Main Document Pg 76 of Debtor 1 Jose Paolo Soriano Debtor 2 Shea **Brianne** Soriano Case number (if known) \_ First Name Middle Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? **✓** No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more? ☐ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ☐ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment **✓** Mortgage PennyMac Loan Services LLC 12/01/2024 \$10,131.00 \$532,779.00 Creditor's Name ☐ Car PO Box BOX 514387 11/01/2024 ☐ Credit card Number Street Loan repayment 10/01/2024 Los Angeles, CA 90051 ☐ Suppliers or vendors City State ZIP Code Other \_ 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Number Street

City

State

ZIP Code

#### 24-11614-cgb Doc#1 Filed 12/20/24 Entered 12/20/24 16:36:24 Main Document Pg 77 of Debtor 1 Soriano Jose **Paolo** Debtor 2 Shea **Brianne** Soriano Case number (if known). First Name Middle Name Last Name 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√** No Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Street Number City State ZIP Code Identify Legal Actions, Repossessions, and Foreclosures Part 4: 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details.

		Nature of the case	Court or agency	Status of the case
Case title	ITRIA VENTURES LLC, Plaintiff, v. 110 E. RIVERSIDE OPCO LLC, 110 E. RIVERSIDE MANAGER LLC, 110 E. RIVERSIDE LLC, JOSE PAOLO SORIANO, NOCO HOSPITALITY LLC, 400 COLORADO LLC, 504 W 24TH STREET SUITE B OPCO LLC, 720 SPACE ATX LLC, 1806 E. 12TH STREET LLC, AND 2806 MANOR RD LLC D-1-GN-24-004867	Alleged breach of Receivables Sale Agreement (RSA), Enforcement of security interest	THE DISTRICT COURT OF TRAVIS COUNTY, TEXAS, 419TH, DISTRICT COURT Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	Pending On appeal Concluded

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Jose Shea	Paolo Brianne	Soriano Soriano		,
First Name			Case number (# know	n)
		Nature of the case	Court or agency	Status of the case
Space ATX	LLC and	breach of fiduciary duty,	Travis County District Clerk - 216th District Court Court Name	☑ Pending ☐ On appeal
D-1-GN-24-	004317		1000 Guadalupe St Number Street	Concluded
			City State ZIP Code	
	oitality.	negligence, assault, intentional	Travis County District Clerk Court Name 1000 Guadalupe St	☑ Pending ☐ On appeal
1:24-cv-003	366-DI		Number Street  Austin, TX 78701  City State ZIP Code	Concluded
Paolo Soria	ano et al.	contract, quantum meruit,	Travis County District Clerk Court Name  1000 Guadalupe St	☑ Pending ☐ On appeal ☐ Concluded
			Austin, TX 78701 City State ZIP Code	
NoCo Hosp LLC d/b/a B	oitality Estelle's	Alleged negligence	Travis County District Clerk Court Name 1000 Guadalupe St Number Street	☑ Pending ☐ On appeal ☐ Concluded
D-1-GN-24-	003254		Austin, TX 78701 City State ZIP Code	
Vega Castr Biglari Hold Inc., Maxim E. Riversid LLC d/b/a Superstitio and Iron SI	o v. dings, n Inc., 10 e Opco on Austin, neath	vicarious liability, respondent superior, negligent hiring/supervision/training /retention/entrustment, negligent infliction of emotional distress, intentional infliction of emotional distress,	Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	Pending On appeal Concluded
	Martin Amp Space ATX Paolo Soria D-1-GN-24- MacKay Pe NoCo Hosp LLC et al. 1:24-cv-003 Michael Se Paolo Soria C-1-CV-24- Jesusa Bai NoCo Hosp LLC d/b/a E Social Lou D-1-GN-24- Ricardo Alt Vega Castr Biglari Hole Inc., Maxim E. Riversid LLC d/b/a Superstitio and Iron SI Protection	Martin Amps v 720 Space ATX LLC and Paolo Soriano D-1-GN-24-004317  MacKay Perry v. NoCo Hospitality, LLC et al.  1:24-cv-00366-Dl  Michael Sellman v. Paolo Soriano et al. C-1-CV-24-003306  Jesusa Bargas v. NoCo Hospitality LLC d/b/a Estelle's Social Lounge D-1-GN-24-003254  Ricardo Alfonso Vega Castro v. Biglari Holdings, Inc., Maxim Inc., 10 E. Riverside Opco LLC d/b/a Superstition Austin, and Iron Sheath Protection Group	Martin Amps v 720   Space ATX LLC and Paolo Soriano	Shea   Brianne   Soriano   Last Name   Middle Name   Last Name

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	Jose Shea	Paolo Brianne	Soriano Soriano	Coop number (%)			
	First Name Middle N			Case number (if known)			
			Nature of the case	Court or agency	Status of the case		
Case title	Jane Doe KERLEY, NINGRAM, COE, 110 ERIVERSID MANAGER 110 E. RIV LLC, NOCCHOSPITAL and RDCWLLC	MICHAEL JOHN E. E OPCO, E. E R, LLC , ERSIDE, D ITY, LLC	Sexual assault, negligence, gross negligence, dram shop liability, negligence per se, negligent undertaking, respondent superior	Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	Pending On appeal Concluded		
Case number	D-1-GN-24	-005617					
Case title  Case number	Allen Ojed Hospitality Paolo Sori J1-CV-24-0	, LLC and ano		Travis County District Clerk  Court Name  1000 Guadalupe St  Number Street  Austin, TX 78701  City State ZIP Code	Pending On appeal Concluded		
Case title	Godspeed NoCo Hos	pitality		Travis County District Clerk Court Name 1000 Guadalupe St	☑ Pending ☐ On appeal		
Case number	<u>J5-CV-24-2</u>	2/3168		Number Street  Austin, TX 78701  City State ZIP Code	☐ Concluded		
Case title	Eastside E			Travis County District Clerk Court Name	<b>☑</b> Pending ☐ On appeal		
Case number	J4-CV-24-0	003867		1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	Concluded		
Case title	Horizon Base Space ATX	ank vs 720 ( LLC		Travis County District Clerk Court Name	<b>☑</b> Pending ☐ On appeal		
Case number	C-1-CV-24	-005907		Number Street  Austin, TX 78701  City State ZIP Code	Concluded		
Case title	2016 Tiger vs Paolo S 1806 E 12t	Soriano,		Travis County District Clerk Court Name 1000 Guadalupe St	Pending On appeal		
Case number	C-1-CV-24	-006318		Number Street  Austin, TX 78701  City State ZIP Code	☐ Concluded		

#### 24-11614-cgb Doc#1 Filed 12/20/24 Entered 12/20/24 16:36:24 Main Document Pg 80 of Debtor 1 Jose Paolo Soriano Debtor 2 Shea **Brianne** Soriano Case number (if known). First Name Middle Name Last Name 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name **Explain what happened** Number Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. City State ZIP Code 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **√** No Yes. Fill in the details. Describe the action the creditor took Date action was **Amount** Creditor's Name Number Street ZIP Code City State Last 4 digits of account number: XXXX- \_ \_ \_ \_ \_ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a courtappointed receiver, a custodian, or another official? **✓** No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? **✓** No ☐ Yes. Fill in the details for each gift.

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tor 1 tor 2	Shea I	Paolo Brianne	Soriano Soriano	Case number (if know	vn)
Citto with	First Name 1 a total value of more th	Middle Name	Last Name  Describe the gifts	Dates you gave	Value
per perso		ан фооо	Describe the girts	the gifts	value
Person to WI	hom You Gave the Gift		1		
Number S	Street		-		
City	State	ZIP Code	-		
Person's re	elationship to you				
. Within 2 .	veens before you filed fo	ar bankırınta		ul value of more than \$60	O to any abority?
. within 2 y ✓ No	years before you filed to	л ранктиртс	y, did you give any gifts or contributions with a tota	n value of more than \$60	o to any charity?
	in the details for each g	ift or contribu	ution		
	ontributions to charities		ibe what you contributed	Date you	Value
	more than \$600	Desci	ise what you contributed	contributed	value
Charity's Nan	ne				
Number S	Street				
City	State ZIP Co	de			
rt 6: List	t Certain Losses				
t 0. List	Certain E033e3				
. Within 1 ymbling?	year before you filed for	bankruptcy	or since you filed for bankruptcy, did you lose any	thing because of theft, fi	re, other disaster, or
<b>√</b> iNo					
	in the details.				
Yes Fill	are details.		e any insurance coverage for the loss	Date of your loss	Value of property lost
_	the property you lost a	ad Doccrib	e ally ilibulatice coverage for the 1055	Date of your loss	value of property lost
Describe	the property you lost aross occurred	Include	the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.		
Describe	the property you lost aross occurred	Include	the amount that insurance has paid. List pending		

List Cer Within 1 year I ut seeking bar ude any attorned No Yes. Fill in the	nkruptcy or p eys, bankrupt e details.	ed for bank preparing a l	Name Last Name		
Within 1 year I out seeking bar ude any attornation No Yes. Fill in the Kannon Moo	pefore you film nkruptcy or p eys, bankrupt e details.	ed for bank preparing a l	ruptcy, did you or anyone else acting on your b bankruptcy petition?		y to anyone you consulte
out seeking bar lude any attorn ☐ No ☑ Yes. Fill in the Kannon Moo	nkruptcy or p eys, bankrupt e details.	reparing a l	bankruptcy petition?		y to anyone you consulte
Kannon Moo					
Kannon Moo Person Who Was	ro I aw				
Person Who Was			Description and value of any property transfer	red Date payment or transfer was made	Amount of payment
			Attorney's Fee	transier was made	
7500 Rialto B	lvd 1-250	ľ		11/08/2024	\$5,000.00
Number Street					
Augstin TV 70	725				
Austin, TX 78		ZIP Code			
Email or website a	ddress				
Person Who Made	the Doument i	if Not You			
☑ No ☐ Yes. Fill in th	e details.				
			Description and value of any property transfer	red Date payment or transfer was made	Amount of payment
Person Who Was	Paid			transier was made	
Number Street					
Trainboi Ciroot					
City	State Z	ZIP Code			
City	State 2	ZIP Code			

#### 24-11614-cgb Doc#1 Filed 12/20/24 Entered 12/20/24 16:36:24 Main Document Pg 83 of Debtor 1 Soriano Jose **Paolo** Debtor 2 **Brianne** Shea Soriano Case number (if known) \_ First Name Middle Name Last Name Description and value of property Describe any property or payments Date transfer was transferred received or debts paid in exchange made Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you -19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **✓** No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
VeraBank, National Association Name of Financial Institution	XXXX- <u>0 1 8 2</u>	<b>☑</b> Checking	11/2024	
1111 W 6th Street, 200		Savings		
Number Street		■ Money market		
		Brokerage		
		☐ Other		
Austin, TX 78703				
City State ZIP Code				

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Debtor 1 Jose **Paolo** Soriano Debtor 2 **Brianne** Shea Soriano Case number (if known) \_ First Name Middle Name Last Name Last 4 digits of account number Last balance Type of account or Date account was instrument closed, sold, moved, or before closing or transferred transfer VeraBank, National Association 11/2024 Name of Financial Institution XXXX- 5 8 6 9 □ Checking ✓ Savings 1111 W 6th Street, 200 Number Street ■ Money market Brokerage Other \_ **Austin, TX 78703** State **ZIP Code** City **Horizon Bank** 2024 XXXX-<u>5</u> <u>0</u> <u>1</u> <u>0</u> Name of Financial Institution **√** Checkina ■ Savings 600 West 5th Street Number Street ☐ Money market Brokerage Other \_\_ **Austin, TX 78701** State **ZIP Code Horizon Bank** 2024 Name of Financial Institution XXXX-<u>0 6 0 2</u> ☐ Checking ✓ Savings 600 West 5th Street Number Street ■ Money market Brokerage ■ Other \_\_\_\_\_ Austin, TX 78701 ZIP Code State City **Horizon Bank** 2024 Name of Financial Institution XXXX-<u>8</u> <u>2</u> <u>9</u> <u>5</u> ☐ Checking **✓** Savings 600 West 5th Street Street Number ■ Money market Brokerage Other \_\_\_ Austin, TX 78701 State ZIP Code VeraBank, National Association 2024 Name of Financial Institution XXXX- <u>5</u> <u>8</u> <u>2</u> <u>8</u> **✓** Checking Savings 1111 W 6th Street, 200 Number Street ■ Money market Brokerage

City

**Austin, TX 78703** 

State

**ZIP Code** 

Other \_

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First Name   Middle Name   Last Name   Last Name   Last A digits of account number   Type of account or instrument   Date account was closed, sold, moved, or transferred   Last A digits of account number   Type of account or instrument   Date account was closed, sold, moved, or transferred   Last balance   Last A digits of account number   Type of account or instrument   Date account was closed, sold, moved, or transferred   Last balance   Last balance	tor 2	Shea	Paolo Briann	10	Soriano				
Last 4 digits of account number  Type of account or instrument    Date account was closed, sold, moved, or transferred	O							Case number (if known)	
VeraBank, National Association   XXXX - 7		i iist ivaine	Wildule I			-		closed, sold, moved, or	before closing or
Manage of Financial Institution   XXXX-7 4 9 3   Money market   Prokerage   Other   Prokerage   Prokerage   Other   Prokerage   Prokerage   Prokerage   Other   Prokerage   Prokerage   Prokerage   Prokerage   Prokerage   Prokerage   Prokerage   Prokerage   Prokerage   P								transferred	transfer
Money market   Brokerage   Other   Street   Brokerage   Other   Street   Brokerage   Other   Street   Brokerage   Other   Street   Other   Street   Other   Street   Other			ciation					2024	
Money market	ame of Fi	nancial Institution		XXXX- <u>7</u>	<u>4 9 3</u>	_ 🗹	Checking	2024	
Money market	1111 W	6th Street, 200					Savings		
Other   Othe							Money market		
Austin, TX 78703  WeraBank, National Association ame of Financial Institution  XXXX - 9 0 5 1							Brokerage		
Austin, TX 78703   State ZIP Code							Other		
VeraBank, National Association Iame of Financial Institution  XXXX- 9 0 5 1	Austin,	TX 78703				_	31101		
Austin, TX 78703   Street	ity	State Z	IP Code						
Austin, TX 78703   Street	√eraBaı	nk, National Asso	ciation						
Money market   Brokerage   Other   Brokerage   Other   Money market   Brokerage   Other   Money market   Brokerage   Other   Money market   Brokerage   Other   Money market				XXXX- <u>9</u>	<u>0 5 1</u>	_ 🗹	Checking	2024	
Money market   Brokerage   Other   Street   Money market   Brokerage   Other   Street   Dother   Street   Money market   Brokerage   Other   Street   Other   Street   Other   Street   Other   Street   Other   Oth	1111 W	6th Street 200					•		
Austin, TX 78703   City   State   ZIP Code   Other							_		
Austin, TX 78703  Ality State ZIP Code    Other							-		
Austin, TX 78703  Table							-		
VeraBank, National Association lame of Financial Institution    Street	Δustin	TX 78703				<b>_</b>	Jther		
Austin, TX 78703   Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, uables?    Money market   Brokerage   Other			IP Code						
Austin, TX 78703  The property of the street augment of Financial Institution and the details.    Austin, TX 78703	VeraBai	nk. National Asso	ciation						
Savings   Money market   Brokerage   Other			Olution	XXXX- <u>8</u>	9 6 2		Checking	2024	
Austin, TX 78703  City State ZIP Code  Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, uables?  No  Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still hat it?  No  lame of Financial Institution  Name  Oity State ZIP Code  City State ZIP Code	4444 181	Oth Other 1, 200							
Austin, TX 78703  The state ZIP Code  Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, uables?  No  Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still have it?  No alame of Financial Institution  Name  City State ZIP Code							_		
Austin, TX 78703  Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, uables?  No Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still hat it?  No Indicate the contents  Do you still hat it?  No Indicate the contents  City State ZIP Code							-		
Austin, TX 78703  Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, uables?  No Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still ha it?  No I n							-		
Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, luables?  No  Yes. Fill in the details.  Who else had access to it?  Do you still ha it?  No  Name  Name  City  State ZIP Code	Austin	TV 70702					Other		
Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, uables?  No  Yes. Fill in the details.  Who else had access to it?  Do you still ha it?  No  Name  Number Street  Number Street  City State ZIP Code			IP Code						
uables?  ✓ No  ☐ Yes. Fill in the details.  Who else had access to it?  ☐ Describe the contents  ☐ No ☐ Yes ☐ No ☐ Yes ☐ Number Street ☐ City State ZIP Code ☐ City State ZIP Code	-								
Name of Financial Institution  Name  Number Street  Number Street  City State ZIP Code	luables? ✓ No		u have with	in 1 year be	fore you filed fo	or bankruptcy	, any safe deposit l	box or other depository for s	securities, cash, or o
Name of Financial Institution Name  Number Street  City State ZIP Code				Who else	had access to it	1?	Describe the	contents	Do you still have it?
Alame of Financial Institution  Name  Number Street  City State ZIP Code									□No
Number Street  City State ZIP Code	lame of Fi	nancial Institution		Name					
City State ZIP Code									
City State ZIP Code	lumber	Street		Number	Street				
				<u></u>	<u> </u>	710.0 :			
City State ZIP Code				City	State	ZIP Code			
	ity	State Z	IP Code						

#### Debtor 1 Jose Paolo Soriano Debtor 2 Shea **Brianne** Soriano Case number (if known). First Name Middle Name Last Name 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? □No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? Business files, work related ☐ No **Public Storage** document storage. Name of Storage Facility Name **√** Yes 1507 W William Cannon Dr Number Street Number Street City State ZIP Code Austin, TX 78745 City **ZIP Code** Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **√**No Yes. Fill in the details. Describe the property Value Where is the property? Owner's Name Number Street Street Number State **ZIP Code** State **ZIP Code** City Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **√**No ☐ Yes. Fill in the details.

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btor 1 btor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known)				
	First Name	Middle Name	Last Name					
		Governm	nental unit	Environmental law, if you know it	Date of notice			
				_				
Name of si	te	Governmer	ital unit					
Number	Street	Number	Street	<u> </u>				
		City	State ZIP Code	_				
City	State 2	IP Code						
<b>5. Have yo</b> <b>√</b> 1 No	ou notified any gove	rnmental unit of any i	release of hazardous m	aterial?				
Yes. F	ill in the details.							
		Governm	nental unit	Environmental law, if you know it	Date of notice			
Name of si	te	Governmer	ntal unit	_				
Number	Street	Number	Street					
		City	State ZIP Code	<u> </u>				
City	State Z	IP Code						
6. Have yo ✓INo	ou been a party in ar	ny judicial or adminis	rative proceeding unde	er any environmental law? Include settlement	s and orders.			
	ill in the details.							
		Court or	agency	Nature of the case	Status of the case			
					☐ Pending			
Case title	·							
Case title		Court Name	)		On appeal			
Case title		Court Name	9		_			
Case title		Court Name	Street	_	☐On appeal			

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Debtor 1 Debtor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known)
	First Name	Middle Name	Last Name	

Part 11: Give Details About Your Bus	siness or Connections to Any Business									
27. Within 4 years before you filed for bank	ruptcy, did you own a business or have any of the fo	Illowing connections to any business?								
☑ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time										
✓ A member of a limited liability com	✓ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
✓ A partner in a partnership										
☐ An officer, director, or managing e	xecutive of a corporation									
☐ An owner of at least 5% of the vot	ing or equity securities of a corporation									
☐ No. None of the above applies. Go to F	Part 12.									
✓ Yes. Check all that apply above and fill	in the details below for each business.									
Noco Hospitality LLC	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.								
Name		EIN: <u>8 7 - 4 5 8 0 5 0 8</u>								
1000 E Ceaser Chavez	Name of accountant or bookkeeper	Dates business existed								
Number Street  Austin, TX 78702		From <u>01/18/2022</u> To								
City State ZIP Code										
720 Space ATX LLC	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.								
Name  dba Higher Ground	42% Ownership	EIN: <u>8 5 - 2 2 2 4 7 6 4</u>								
720 Congress Ave.	Name of accountant or bookkeeper	Dates business existed								
Number Street		From 07/2020 To								
Austin, TX 78701		From <u>07/2020</u> To								
City State ZIP Code	Describe the nature of the business	Employer Identification number								
110 E Riverside OpCo LLC		Do not include Social Security number or ITIN.								
dba Superstition	10% ownership	EIN: <u>8 7 - 2 4 8 9 3 5 3</u>								
110 E. Riverside Dr.	Name of accountant or bookkeeper	Dates business existed								
Number Street		From <u>11/2021</u> To								
Austin, TX 78704 City State ZIP Code										
400 Colorado LLC	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.								
Name	50% ownership	EIN: 9 2 - 2 9 5 5 5 2 0								
dba Estelle's										
400 Colorado St	Name of accountant or bookkeeper	Dates business existed								
Number Street		From To								
Austin. TX 78701										

City

State

ZIP Code

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Debtor 1 Jose **Paolo** Soriano Debtor 2 Shea **Brianne** Soriano Case number (if known) \_\_\_\_ First Name Middle Name Last Name Describe the nature of the business Employer Identification number 504 W 24th Street Suite B OpCo Do not include Social Security number or ITIN. LLC 50% ownership Name EIN: 9 3 - 2 1 5 7 2 8 4 dba Victory Lap Dates business existed Name of accountant or bookkeeper 504 W 24th St Suite B Street Number From \_\_\_\_\_\_ To \_\_\_ **Austin, TX 78705** State ZIP Code Describe the nature of the business **Employer Identification number** 1806 E. 12th Street LLC Do not include Social Security number or ITIN. 68% ownership EIN: 8 7 - 2 9 8 1 6 1 4 dba Skinny's Dates business existed Name of accountant or bookkeeper 1806 E. 12th St. Number Street From \_\_\_\_\_\_ To \_\_\_ **Austin, TX 78702** State ZIP Code Describe the nature of the business **Employer Identification number** 110 E. Riverside LLC Do not include Social Security number or ITIN. EIN: 8 7 - 2 4 8 9 3 5 3 dba Superstition Dates business existed Name of accountant or bookkeeper 110 E. Riverside Dr. Number Street From \_\_\_\_\_ To \_\_\_ Austin, TX 78704 State ZIP Code **Employer Identification number** Describe the nature of the business 110 E. Riverside MGMT LLC Do not include Social Security number or ITIN. Name EIN: 8 7 - 3 5 6 2 1 7 2 dba Superstition Dates business existed 110 E. Riverside Dr. Name of accountant or bookkeeper Number Street From \_\_\_\_\_ To \_\_\_\_ **Austin, TX 78704** State ZIP Code Describe the nature of the business **Employer Identification number** 2405 Nueces Street Suite G Do not include Social Security number or ITIN. OpCo LLC Name EIN: 9 3 - 2 1 7 8 5 7 0 Name of accountant or bookkeeper Dates business existed 2405 Nueces Street Suite G

Official Form 107

Number Street

**Austin, TX 78705** 

State ZIP Code

From \_\_\_\_\_ To \_\_\_\_

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ebtor 1 ebtor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known)
	First Name	Middle Name	Last Name	
	g Point Drivers LI	Descr	ibe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Name				·
dba Tui	rning Point Drive	rs		EIN:
	eisure Run Rd	Name	of accountant or bookkeeper	Dates business existed
Austin,	TX 78745	ZIP Code		From To
	9 Holdings		ibe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Name				EIN: <u>8 5 - 2 2 5 6 3 9 0</u>
1000 E	Cesar Chavez	Name	of accountant or bookkeeper	Dates business existed
Number Austin.	Street TX 78702			From To
City		ZIP Code		
reditors, o	2 years before you for other parties. Fill in the details below			nent to anyone about your business? Include all financial institutions,
Name			0/YYYY	
Number	Street			

City

State

**ZIP Code** 

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Debtor 1 Debtor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known)
	First Name	Middle Name	Last Name	Case Humber (II known)
Part 12: S	ign Below			
and correct.	. I understand that m	aking a false statemen	t, concealing property, or ob	, and I declare under penalty of perjury that the answers are true taining money or property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
<b>X</b> <u>/s/</u> J	ose Paolo Sorian	0	X /s/ Shea Bri	anne Soriano
Signa	ture of Jose Paolo So	oriano, Debtor 1	Signature of Sh	nea Brianne Soriano, Debtor 2
Date _	12/20/2024	_	Date <b>12/20/20</b>	024
Did you atta	ch additional pages	to your Statement of F	inancial Affairs for Individua	Is Filing for Bankruptcy (Official Form 107)?
Yes				
Did you pay	or agree to pay som	neone who is not an att	orney to help you fill out ban	kruptcy forms?
<b>√</b> No				
Yes. Na	ame of person			Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).

Fill in this information	Fill in this information to identify your case:					
Debtor 1	Jose	Paolo	Soriano			
	First Name	Middle Name	Last Name			
Debtor 2	Shea	Brianne	Soriano			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bank	ruptcy Court for the:	W	estern District o	f Texas		
Case number (if known)						

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

li List Your C	Creditors Who Have Secured Claims	S				
For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.						
entify the credito	or and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?			
editor's me: <b>P</b>	PennyMac Loan Services LLC	<ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>	☐ No ☑ Yes			
	Homestead 905 Leisure Run Rd Austin, TX 78745-3924	✓ Retain the property and redeem it. ✓ Retain the property and enter into a  **Reaffirmation Agreement.**				
24g 402		Retain the property and [explain]:				
editor's		☐ Surrender the property.	☐ No			
me: B	BMW BANK OF NORTH AMERICA	Retain the property and redeem it.	<b>☑</b> Yes			
operty	2022 BMW x5	☑ Retain the property and enter into a Reaffirmation Agreement.				
g		Retain the property and [explain]:				
me: B escription of 20	BMW BANK OF NORTH AMERICA 2022 BMW x5	Retain the property and redeem it.  Retain the property and enter into a  Reaffirmation Agreement.	_			

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Debtor 1 Debtor 2	Jose Paolo Shea Brianne  First Name Middle Name		Soriano Soriano	Case number (if known)	
			Last Name		
Addition	al Page for Pa	art 1			
Creditor's name:	Ally Financi	al	☐ Surrender the property. ☐ Retain the property and redeem it.	<b>☑</b> No □ Yes	
Description of property securing debt:			Retain the property and redeem it.  Reaffirmation Agreement.	_	
cooding dobt.			Retain the property and [explain]:		

### 24-11614-cgb Doc#1 Filed 12/20/24 Entered 12/20/24 16:36:24 Main Document Pg 94 of 104

tor 1 tor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known)
	First Name	Middle Name	Last Name	
2: List	Your Unexpired	Personal Property	Leases	
rmation be	elow. Do not list rea	Il estate leases. Unexp		ntracts and Unexpired Leases (Official Form 106G), fill in the lin effect; the lease period has not yet ended. You may assume a
		sonal property leases	ot accume it. 11 cicio: 3 ccc(p)(2)	Will the lease be assumed?
essor's na		ic Storage		☐ No
				✓ Yes
escription roperty:	of leased Stora	age Unit		
essor's na	me:			☐ No
escription roperty:	of leased			☐ Yes
essor's na	me:			☐ No
escription	of leased			Yes
essor's na	me:			☐ No
escription roperty:	of leased			Yes
essor's na	me:			□ No
escription roperty:	of leased			Yes
essor's na	me:			☐ No
escription roperty:	of leased			☐ Yes
essor's na	me:			☐ No
Description roperty:	of leased			☐ Yes
3: Sign	n Below			
	ty of perjury, I decl tis subject to an u		d my intention about any propert	y of my estate that secures a debt and any personal
/s/ Jos	e Paolo Soriano		X /s/ Shea Brianne Sor	iano
	e of Debtor 1		Signature of Debtor 2	
Date <b>12</b>	100 1000 4		Date <b>12/20/2024</b>	

MM/ DD/ YYYY

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Western District of Texas

In re	5	Soriano, Jose Pad	olo				
	5	Soriano, Shea Bri	anne		Case No.		<u></u>
Debto	or				Chapter	7	<u>_</u>
			DISCLOSURE	OF COMPENSAT	ON OF ATTORNEY	FOR DEBTOR	₹
1.	con	npensation paid to	o me within one year	r before the filing of the	rtify that I am the attorney petition in bankruptcy, or a or in connection with the ba	agreed to be paid	to me, for services rendered
	For	legal services, I h	nave agreed to acce	pt		<u> </u>	\$5,000.00
	Pric	or to the filing of th	nis statement I have	received		<u> </u>	\$5,000.00
	Bala	ance Due				<u> </u>	\$0.00
2.	The	e source of the co	mpensation paid to r	me was:			
	<b>\( \sqrt{1} \)</b>	Debtor	Other (specify)	)			
3.	The	e source of compe	ensation to be paid to	o me is:			
	<b>\( \sqrt{1} \)</b>	Debtor	Other (specify)	)			
4.		I have not agree	d to share the above	e-disclosed compensati	on with any other person u	unless they are m	nembers and associates of my
		_		•	with a other person or persones of the people sharing in		members or associates of my ion, is attached.
5.	In r	eturn for the abov	e-disclosed fee, I ha	ave agreed to render le	gal service for all aspects o	of the bankruptcy	case, including:
	a.	Analysis of the bankruptcy;	debtor' s financial sit	tuation, and rendering a	advice to the debtor in dete	ermining whether	to file a petition in
	b.	Preparation and	d filing of any petition	n, schedules, statement	s of affairs and plan which	n may be required	<b>d</b> ;
	c.	Representation	of the debtor at the	meeting of creditors an	d confirmation hearing, an	nd any adjourned	hearings thereof;
6	Bv :	agreement with th	ne debtor(s), the abo	ove-disclosed fee does i	not include the following se	ervices:	

B2030 (Form 2030) (12/15)

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/20/2024 /s/ Kannon Moore

Date

Kannon Moore Signature of Attorney

Bar Number: 24110128 Kannon Moore Law 7500 Rialto Blvd 1-250 Austin, TX 78735 Phone: (512) 379-8080

Kannon Moore Law

Name of law firm

OA 116	14 oah Doo#1	Filad 12/20	0/24 Entered 12/20/24 16:	36:24 Main Document Pg 97 of
Fill in this information	to identify your case.			
Debtor 1	Jose First Name	Paolo  Middle Name	Soriano  Last Name	
Debtor 2	Shea	Brianne	Soriano	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	iptcy Court for the:	We	estern District of Texas	
Case number (if known)				☐ Check if this is an amended filing
Official Form	122A-1Supp	<u>)</u>		
Statement	of Exempt	ion from	Presumption of Ab	ouse Under § 707(b)(2) 12/15
presumption of abuse.	Be as complete and other person should	accurate as poss complete a sepa	ible. If two married people are filing to	orm 122A-1), if you believe that you are exempted from a gether, and any of the exclusions in this statement applies is is required by 11 U.S.C. § 707(b)(2)(C).
101).  ☑ No. Go to this s ☐ Yes. Go t	o Form 122A-1; on the supplement with the sign Part 2.	e top of page 1 of t gned Form 122A-	that form, check box 1, <i>There is no pres</i>	gave at line 16 of the <i>Voluntary Petition</i> (Official Form umption of abuse, and sign Part 3. Then submit
			sions Apply to You	
2. <b>Are you a dis</b>	abled veteran (as def	fined in 38 U.S.C.	§ 3741(1)) <b>?</b>	
Yes. Did		y while you were o	on active duty or while you were perform	ing a homeland defense activity?
_	lo. Go to line 3.	. 0.0.0. 3 00 .(.).		
□ү	es. Go to Form 122A 3. Then submit th	A-1; on the top of phis supplement wi	page 1 of that form, check box 1, <i>There</i> th the signed Form 122A-1.	is no presumption of abuse, and sign Part
3. Are you or ha	ave you been a Reser	vist or member o	f the National Guard?	
	plete Form 122A-1. Do			
			rform a homeland defense activity? 10 L	J.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
	omplete Form 122A-1		• •	
☐ <sub>Yes.</sub> C	Check any one of the f	ollowing categorie	es that applies:	
	s called to active duty remain on active duty		r 11, 2001, for at least 90 days	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, <i>The Means Test does not apply now</i> , and
□ <sub>I wa</sub>	s called to active dut	y after Septembe	r 11, 2001, for at least 90 days	sign Part 3. Then submit this supplement with the signed
	was released from ac 540 days before I file		, which is fewer case.	Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or
□Iam	n performing a homel	and defense activ	rity for at least 90 days.	are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).
☐lpe			or at least 90 days, ending on	
ban	, which kruptcy case.	is fewer than 540	days before I file this	If your exclusion period ends before your case is closed, you may have to file an amended form later

Fill	in this information t	to identify your case:		1/ //I = FIII	317.371 1 71 7	11/2/11/2	36.	Check one Form 122A	box only as directed i	n this form and in
D	ebtor 1	Jose	Paolo	Soriano				_		
		First Name	Middle Name	Last Name				_	is no presumption of	
	ebtor 2 Spouse, if filing)	Shea First Name	Brianne Middle Name	Soriano Last Name				of abuse	alculation to determine applies will be made	under Chapter 7
					at of Towar				Test Calculation (Offic	ŕ
	nited States Bankru	iptcy Court for the:	VVE	estern Distri	ct of Texas				Means Test does not a led military service bu	
	ase number known)						'	Check in	f this is an amended f	ling
Of	ficial Form	122A-1					_			
		 Statement	of Your	Curren	t Mont	:hly Ir	nco	me		12/19
atta and beca with	ch a separate shee case number (if kn ause of qualifying r this form.	t to this form. Include lown). If you believe	e the line number that you are exem plete and file <i>Stat</i>	to which the poted from a p	additional inforesumption	ormation a	applies ecause	On the top	being accurate. If mo of any additional pag have primarily const § 707(b)(2) (Official F	jes, write your name imer debts or
1.	What is your mari	ital and filing status?	Check one only.							
	Not married. Fi	ill out Column A, lines	s 2-11.							
		our spouse is filing w				2-11.				
		our spouse is NOT fil								
		he same household a								
	under per		ou and your spous	e are legally s	eparated und	ler nonban	kruptcy	law that app	king this box, you dec plies or that you and y 707(b)(7)(B).	
10 va ex	01(10A). For examp aried during the 6 m	ole, if you are filing on tonths, add the incom	September 15, the for all 6 months	e 6-month per and divide the	riod would be total by 6. F	March 1 th	rough sult. Do	August 31. I	I file this bankruptcy f the amount of your nany income amount nave nothing to report	nonthly income nore than once. For
							Colu Debt		Column B Debtor 2 or non-filing spous	se .
2.	Your gross wages deductions).	s, salary, tips, bonus	es, overtime, and	commissions	(before all pa	ayroll	_			_
3.	Alimony and mair is filled in.	ntenance payments.	Do not include pa	yments from a	spouse if Co	lumn B				
4.	your dependents, unmarried partner, roommates. Include	any source which an including child support, members of your hode regular contribution ents you listed on line	port. Include regulousehold, your depons from a spouse of	ar contributior endents, pare	ns from an ents, and					
5.	Net income from or farm	operating a business	, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)								
	Ordinary and nece	essary operating expe	enses							
	Net monthly incom	ne from a business, p	rofession, or farm			Copy here				
6.	Net income from (	rental and other real	property	Daktand	Dahtan 0	,				<del></del>
0.		efore all deductions)	property	Debtor 1	Debtor 2					
	. `	essary operating expe	ansas							
	•	ne from rental or othe				Copy here				
_	·		. Tour property			→				_
7.	Interest, dividend	s. and rovalties								

Debtor 1 Debtor 2 24-11614-cgb Doc#1 Filed 12/20/24 Entered 12/20/24 16:36:24 Main Document Pg 99 of Soriano 104

De	btor 2	Shea	Brianne	Soriano	104	Case n	umber (if known)	
		First Name	Middle Name	Last Name				
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8.	Unemployment compens	ation					
		Do not enter the amount if under	you contend that the a	amount received w	vas a benefit			
		the Social Security Act. Ins	stead, list it here:					
		For you						
		For your spouse						
	9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.							
		. Income from all other so Do not include any benef received as a victim of a domestic terrorism; or co the United States Govern injury or disability, or dea list other sources on a se	urces not listed above its received under the s war crime, a crime aga mpensation, pension, p ment in connection wit th of a member of the u	e. Specify the sour Social Security Actinist humanity, or in pay, annuity, or all the adisability, comuniformed services	rce and amount. ct; payments international or owance paid by abat-related			
D	11	Il amounts from separate p  . Calculate your total curr each column. Then add t	ent monthly income. A	o the total for Colu		+	+	=  Total current monthly income
		Determine Whether	•	•				
12.	Calcu	ulate your current monthly	income for the year.	Follow these step	S:			
	12a.	Copy your total current m	onthly income from line	e 11			Copy line 11 here →	
		Multiply by 12 (the number	er of months in a year).					<b>x</b> 12
	12b.	The result is your annual	income for this part of	the form.			12b.	
13.	Calcu	ulate the median family in	come that applies to y	ou. Follow these	steps:			
	Fill in	the state in which you live						
	Fill in	the number of people in y	our household.					
	To fin	the median family income ad a list of applicable media actions for this form. This list	an income amounts, go	online using the	link specified in th	e separate	13.	
14.	How	do the lines compare?						
	14a.	Line 12b is less than or Go to Part 3.	equal to line 13. On th	ne top of page 1, c	heck box 1, There	e is no presumption of a	buse.	

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Debtor 1 Debtor 2	24-11614-cgb Jose Shea	Doc#1 Filed 2 Paolo Brianne	12/20/24 Entered 12/20 Soriano 104 Soriano	0/24 16:36:24 Main Document Pg 100 of
	First Name	Middle Name	Last Name	·

Part	3:	Sign	Below
		5	

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Jose Paolo Soriano Signature of Debtor 1

Date 12/20/2024 MM/ DD/ YYYY X /s/ Shea Brianne Soriano Signature of Debtor 2

> Date 12/20/2024 MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Shea **Brianne** Soriano First Name Middle Name Last Name

Case number (if known).

#### Additional Page For 122A-1

Debtor 1

	Column A	Column B
	Debtor 1	Debtor 2 or non-filing spouse
0. Cont.		
Side Job - Choice Roofing, LLC - paid through Zelle	\$333.33	
Wire Transfer from Resilience LLC - Consulting earnings	\$2,500.00	
Guardian Life insurance - loan borrowed against the cash value life insurance	<u>\$306.55</u>	
Bank transfer from Toast Customer	\$166.67	
Wire Transfer from 12th Street LLC - partial repayment of a loan Debtor gave Skinny's	\$833.33	
Transfers from x5851, x0182, x3685, x2503 - Reimbursements for staff payroll that Debtor paid personally or were reimbursement for supplies Debtor paid out of pocket for.	\$13,361.06	
401k Loan withdrawal		\$2,500.00
Commission from accessories sold - The ReelReel		\$55.63

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## IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Soriano, Jose Paolo Soriano, Shea Brianne

CASE NO

CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date _	12/20/2024	Signature	/s/ Jose Paolo Soriano		
_			Jose Paolo Soriano, Debtor		
Date _	12/20/2024	Signature	/s/ Shea Brianne Soriano		
			Shea Brianne Soriano, Joint Debtor		

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2016 Tiger Terrance

c/o Abigal Ventress 4-6 N Lee Street Suite 103 Round Rock, TX 78664

968 W Veterans Realty LLC

dba Aspire Funding Platform 7901 4TH ST N STE 300 Saint Petersburg, FL 33702

Allen Ojeda

12800 Briar Forest Dr #45 Houston, TX 77077

Ally Financial Po Box 380901

Minneapolis, MN 55438

American Express

Po Box 6031

Carol Stream, IL 60197-6031

Blake Rasner Rasner 100 N Ritchie Road #200

Woodway, TX 76712

BMW BANK OF NORTH **AMERICA** 

P.O. BOX 78066 Phoenix, AZ 85062 Capital One Po Box 31293

Salt Lake Cty, UT 84131-0293

Carter Sackman Jr.

2308 Holly Street Austin, TX 78702

Comprehensive Merchant

9821 E. Bay Harbor Dr. 706 706 Miami Beach, FL 33154

Department of Education

Office of General Counsel 400 Maryland Ave, SW Room 6E353 Washington, DC 20202

Dept of Ed / Nelnet

Po Box 82561 Lincoln, NE 68501-2561

Divvy Loans

BILL's 6220 America Center Drive suite 100 Alviso, CA 95002

Eastside Boilers

c/o Gregory Pitt 160 Wildhorse Crk Buda, TX 78610

First United Bank

P.O. BOX 130 Durant, OK 74702

Funding Metrics LLC

3220 Tillman Drive Suite 200 Bensalem, PA 19020

Godspeed Talent

c/o Sam Kulka 2607 Trailside Dr #3 Austin, TX 78704

Greenberg, Grant & Richards

Inc

5858 Westheimer Road Suite 500 Houston, TX 77057

Horizon Bank

600 W 5th Street Austin, TX 78701

inKind Cards Inc.

inKind Credit Fund LP 600 Congress Ave 1700 Austin, TX 78701

Internal Revenue Service

Centralized Insolvency Office

P.O. Box 7346

Philadelphia, PA 19101

IRS Insolvency Office

300 E. 8th St. Mail Stop 5026AUS

Austin, TX 78701

Itria Ventures LLC

1 Penn Plaza #4915 New York, NY 10119 Jane Doe

c/o Louie Cook

653 Everhard RD STE 105 Corpus Christi, TX 78411

Jesusa Bargas

c/o Dario Bargas JR 5114 Balcones Woods Drive Ste 307 Austin, TX 78759

JPMCB - Card Services

301 N Walnut St

Wilmington, DE 19801-4050

Mackay Perry

c/o Emily Frost

2499 S Capital of Texas Hwy

Austin, TX 78746

Martin Amps

c/o Austin Kirst 303 Camp Craft Rd. Suite 325 Austin, TX 78746

Michael Sellman

c/o Boone A. Almanza 2301 S Capital of Texas HWY BLDG H

Austin, TX 78746

Nathan Richardson

ATTN: Counsel for Itria Ventures 1415 Louisiana Street Suite 2100

Houston, TX 77002

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Nicholas J. Zabala, Law Office LLC

P.O. Box 1359 Bensalem, PA 19020 Pacific Seafood Group 3019 NE Interstate 410 Loop San Antonio, TX 78218 PennyMac Loan Services LLC PO Box BOX 514387 Los Angeles, CA 90051

Public Storage 1507 W William Cannon Dr

Austin, TX 78745

Ricardo Alfonso Vega Castro

c/o John Duff 719 S Shoreline BLVD Corpus Christi, TX 78401 Rich Gottbrath 1602 S 3rd Austin, TX 78704

Ryan Keas

8001 S I35 Frontage Rd 621 Austin, TX 78744 Ryan OMalley 218 8th street Hermosa Beach, CA 90254 Samuel Coon 3939 Bee Cave Road Austin, TX 78746

Sofi Bank

2750 E Cottonwood Pkwy Salt Lake City, UT 84121 Sysco Credit Department

2130 Queens Chapel Rd Washington, DC 20018 Texas Comptroller Lyndon B. Johnson State Office Bldg 111 East 17th Street Austin, TX 78774

Texas Workforce Commission

Regulatory Integrity Division 101 E 15th St 556 Austin, TX 78778 Travis County District Clerk

1000 Guadalupe St Austin, TX 78701 United States Trustee - AU12 903 San Jacinto Blvd. Ste 230

Austin, TX 78701-2450

United States Attorney

Civil Process Clerk- IRS 601 N.W. Loop 410 Ste 600 San Antonio, TX 78216 United States Attorney General

Department of Justice 950 Pennsylvania Avenue, N.W. Washington, DC 20530 University Federal Credit Union

8303 N MOPAC EXPY Austin, TX 78759

VeraBank, National Association 1111 W 6th Street, 200 Austin, TX 78703